

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P92000009277

1. Entity Name

HOT FUN, INC.

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90079 011 ***150.00

0150242

Principal Place of Business

~~200 S BISCAYNE BLVD.~~

~~STE 4815~~

~~MIAMI FL 33134~~

US

Mailing Address

~~C/O SALUSSOLIA & ASSOCIATES~~

~~200 S. BISCAYNE BLVD., STE. 4815~~

~~MIAMI FL 33134~~

US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1548 Brickell Ave.

Suite, Apt. #, etc.

3. Mailing Address

1548 Brickell Ave.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number 65-0399089

Applied For

Not Applicable

Zip

33129-1210

Country

USA

Zip

33129-1210

Country

USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~SALUSSOLIA, PIERO~~

~~200 S. BISCAYNE BLVD., STE. 4815~~

~~MIAMI FL 33134~~

Name

Salussolia, Piero

Street Address (P.O. Box Number is Not Acceptable)

1548 Brickell Ave.

City Miami

FL

Zip Code

33129-1210

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

PIERO SALUSSOLIA

(NOTE: Registered Agent signature required when reinstating)

04/26/01

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME ~~PTAS~~
STREET ADDRESS ~~FUENTES, GARMEN~~
CITY-ST-ZIP ~~200 S. BISCAYNE BLVD., SUITE 4815~~
~~MIAMI FL 33134~~

TITLE ☐ Change ☐ Addition
NAME PTS
STREET ADDRESS Manca, Marcella
CITY-ST-ZIP 1548 Brickell Ave.
Miami, FL 33129-1210

TITLE ☐ Delete
NAME D
STREET ADDRESS BORGOMANERO, GIANPAOLO
CITY-ST-ZIP VIA D'AZEGLIO 21
40123 BOLOGNA, ITALY

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME D
STREET ADDRESS TANI, MAURO
CITY-ST-ZIP VIA ROMA 40
47030 SOGLIANO AL RUBICONE IT

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME ~~S~~
STREET ADDRESS ~~BOLOGNA, STEFANIA~~
CITY-ST-ZIP ~~200 S BISCAYNE BLVD, STE 4815~~
~~MIAMI FL 33134~~

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Manella Manca MARCELLA MANCA

04/27/01

305-375-7016

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)