

# 2001 UNIFORM BUSINESS REPORT (UBR)

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

05-03-2001 90079 022 \*\*\*150.00

**DOCUMENT # P93000001297**

1. Entity Name

**SERELAU CORP.**

Principal Place of Business

Mailing Address

~~200 S BISCAYNE BLVD~~

~~200 S BISCAYNE BLVD~~

~~SUITE 4815~~

~~SUITE 4815~~

~~MIAMI FL 33131~~

~~MIAMI FL 33131~~

~~US~~

~~US~~

2. Principal Place of Business

**1548 Brickell Ave.**

3. Mailing Address

**1548 Brickell Ave.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**Miami, FL**

City & State  
**Miami, FL**

4. FEI Number **65-0391301**

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**  
**SUITE 4815**  
**MIAMI FL 33131**

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

**PIERO SALUSSOLIA**

**04/26/01**

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

(NOTE: Registered Agent signature required when reinstating)

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  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**PTSD**  
**PULIGHEDDU, MARIA T**  
**C/O 200 S BISCAYNE BLVD, SUITE 4815**  
**MIAMI FL 33131** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**PTSD**  
**PULIGHEDDU, MARIA**  
**1548 BRICKELL AVE.**  
**MIAMI, FL 33129-1210** ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**AS**  
**MANCA, MARCELLA**  
**C/O 200 S BISCAYNE BLVD, SUITE 4815**  
**MIAMI FL 33131** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**AS**  
**MANCA, MARCELLA**  
**1548 BRICKELL AVE.**  
**MIAMI, FL 33129-1210** ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

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

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☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**MARCELLA MANCA**

**04/27/01**

**305-373-7016**

Date

Daytime Phone #

CR2E034 (10/00)