

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000006342

1. Entity Name

PIMIENTO VERDE CORPORATION

**FILED**  
**Mar 06, 2000 8:00 am**  
**Secretary of State**

03-06-2000 90084 037 \*\*\*150.00

Principal Place of Business

Mailing Address

5225 COLLINS AVE  
SUITE 1121  
MIAMI BEACH FL 33140

1699 CORAL WAY  
SUITE 510  
MIAMI FL 33145-2860



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0388902

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MARTINEZ-CID, RICARDO  
1699 CORAL WAY  
SUITE 510  
MIAMI FL 33145

Name

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

City

FL

Zip Code

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.

(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)

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**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

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**\$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  
PSTD  
ARBORE, LORENZO G  
VIA CORTINA D'AMPEZZO 135  
ROME, ITALY

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VIA G. NICOTERA 29  
00195, ROME, ITALY

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

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☐ Change ☐ Addition

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TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

☐ 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: LORENZO G. ARBORE

Date

Daytime Phone #

CR2E034 (9/99)