

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State
05-06-2002 90179 009 ***150.00

DOCUMENT # P93000016294

1. Entity Name
556 EUCLID, INC.

Principal Place of Business

**4343 WEST FLAGLER ST.
STE 505
MIAMI FL 33134
US**

Mailing Address

**1548 BRICKELL AVE
MIAMI FL 33129-1210
US**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 65-0395578

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SALUSSOLIA, PIERO
1548 BRICKELL AVE
MIAMI FL 33129-1210**

7. Name and Address of New Registered Agent

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)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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

TITLE S
NAME ZERBONE, ALESSANDRO
STREET ADDRESS 4343 W. FLAGLER ST, STE 505
CITY-ST-ZIP MIAMI FL 33134

TITLE DP
NAME FIAMBERTI, EUGENIO
STREET ADDRESS 300 S POINTE DR, APT 3506
CITY-ST-ZIP MIAMI BEACH FL 33139

TITLE DVT
NAME DALLE MOLLE, ALDO
STREET ADDRESS 300 S POINTE DR, APT 3506
CITY-ST-ZIP MIAMI BEACH FL 33139

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DP
NAME TIMOSSO, NICOLETTA
STREET ADDRESS 227 MICHIGAN AVENUE APT. 304
CITY-ST-ZIP MIAMI BEACH FL 33139

TITLE DVT
NAME DALLE MOLLE ALDO
STREET ADDRESS 227 MICHIGAN AVENUE APT. 304
CITY-ST-ZIP MIAMI BEACH FL 33139

TITLE
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TITLE
NAME
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CITY-ST-ZIP

TITLE
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:

Aldo Dalle Molle

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/12/02

Date

Daytime Phone #

(305) 3437016

CR2E034 (9/01)