2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000016294

1. Entity Name

556 EUCLID, INC.

FILED
05-06-2002 90179 009 **150.00

02 JUN 17 AM 11:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
4343 WEST FLAGLER ST. STE 505 MIAMI FL 33134 US	1548 BRICKELL AVE MIAMI FL 33129-1210 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S ZERBONE, ALESSANDRO 4343 W. FLAGER ST, STE 505 MIAMI FL 33134	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	100005978221 ☐ Change ☐ Addition -06/25/02--01051--015 *****70.00 *****70.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~OP~~ ~~FIAMBERTI, EUGENIO~~ ~~300 S POINTE DR, APT 3506~~ ~~MIAMI BEACH FL 33139~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	OP TIMOSSI, NICOLETTA 227 MICHIGAN AVENUE APT.304 MIAMI BEACH FL33139 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~DVT~~ ~~DALLE MOLLE, ALDO~~ ~~300 S POINTE DR, APT 3506~~ ~~MIAMI BEACH FL 33139~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVT DALLE MOLLE ALDO 227 MICHIGAN AVENUE APT. 304 MIAMI BEACH FL 33139 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S MAURIZIO CAVALIERI 1000 ISLAND BL. APT 2810 ~~AVENTURA, FL 33160~~ ☐ 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/01)

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: _____ June 14, 2002 (305) 3737016
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #