2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000016294

1. Entity Name
556 EUCLID, INC.

FILED
05-06-2002 901 79 009 150.00

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	7. Name and Address of New Registered Agent
SALUSSOLIA, PIERO 1548 BRICKELL AVE MIAMI FL 33129-1210	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 S NAME ZERBONE, ALESSANDRO STREET ADDRESS 4343 W. FLAGER ST, STE 505 CITY-ST-ZIP MIAMI FL 33134 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 100005978210 -06/25/02--01051--015 *****70.00 *****70.00 ☐ Change ☐ Addition
TITLE ~~DP~~ NAME ~~FIAMBERTI, EUGENIO~~ STREET ADDRESS ~~300 S POINTE DR, APT 3506~~ CITY-ST-ZIP ~~MIAMI BEACH FL 33139~~ ☐ Delete	TITLE OP NAME TIMOSSI, NICOLETTA STREET ADDRESS 227 MICHIGAN AVENUE APT.304 CITY-ST-ZIP MIAMI BEACH FL33139 ☐ Change ☑ Addition
TITLE ~~DVT~~ NAME ~~DALLE MOLLE, ALDO~~ STREET ADDRESS ~~300 S POINTE DR, APT 3506~~ CITY-ST-ZIP ~~MIAMI BEACH FL 33139~~ ☐ Delete	TITLE DVT NAME DALLE MOLLE ALDO STREET ADDRESS 227 MICHIGAN AVENUE APT. 304 CITY-ST-ZIP MIAMI BEACH FL 33139 ☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	TITLE S NAME MAURIZIO CAVALIERI STREET ADDRESS 1000 ISLAND BL. APT 2810 CITY-ST-ZIP 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 #