

2002 UNIFORM BUSINESS REPORT (UBR)

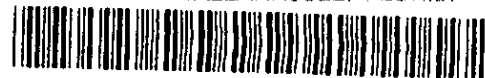
DOCUMENT # P93000016294

1. Entity Name
556 EUCLID, INC.

05-06-2002 90179009 150.00

02 JUN 17 AM 11:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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

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

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

TITLE NAME 100005978 ☐ Change ☒ Addition
STREET ADDRESS -06/25/02--01051--015
CITY-ST-ZIP *****70.00 *****70.00

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

TITLE NAME OP TIMOSSI, NICOLETTA ☐ Change ☒ Addition
STREET ADDRESS 227 MICHIGAN AVENUE APT. 304
CITY-ST-ZIP MIAMI BEACH FL 33139

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

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

TITLE NAME ☐ Delete

TITLE NAME S MAURIZIO CAVALIERI ☐ Change ☒ Addition
STREET ADDRESS 1000 ISLAND BL. APT 2810
CITY-ST-ZIP AVENTURA, FL 33160

TITLE NAME ☐ Delete

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete

TITLE NAME ☐ 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:

Aldo Dalle Molle
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(305) June 14, 2002 3437016
Date Daytime Phone #

CR2E03 (9/96)