5/1'

Apr 26 2001 11:29AM

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Jun 19, 2001 8:00 am
Secretary of State

05-17-2001 91337 001 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S30000049394

1. Entity Name: Cavalieri INC.

Principal Place of Business: Hon Lincoln Rd., Suite 8-R Miami Beach, Fl 33139.

Mailing Address:

2. Principal Place of Business: 407 Lincoln Rd
Suite, Apt. #, etc.: Suite 8-R.
City & State: Miami Beach, Fl
Zip: 33139
Country: U.S.A.

3. Mailing Address:
Suite, Apt. #, etc.:
City & State:
Zip:
Country:

[redacted]

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0422867 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent:
Maurizio Cavalieri
407 Lincoln Rd., Suite 8-R
Miami Beach, Fl 33139

7. Name and address of New Registered Agent:
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip

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)

[redacted]

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	D MAURIZIO CAVALIERI 407 LINCOLN RD. ST 8R MIAMI B. FL. 33139 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MAURIZIO CAVALIERI 407 Lincoln Rd-St 8-R MIAMI Beach, Fl 33139 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MAURIZIO CAVALIERI 407 Lincoln Rd Suite 8-R Miami Beach, Fl 33139 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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 M 4/28/01 (305) 673-1636

SIGNATURE AND TYPED OR PRINTED NAME OF BUSINESS OFFICER OR DIRECTOR — Date — Daytime Phone #