2000 UNIFORM BUSINESS REPORT (UBR) Amended

DOCUMENT # P93000050921

1. Entity Name

27TH AVENUE, INC.

FILED

00 MAY -9 PM 3:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
~~330 GRECO AVENUE #104 CORAL GABLES FL 33146~~	~~330 GRECO AVENUE #104 CORAL GABLES FL 33146 US~~

2. Principal Place of Business	3. Mailing Address
4343 WEST FLAGLER STREET	200 SOUTH BISCAYNE BLVD.
Suite, Apt. #, etc.: SUITE 505	Suite, Apt. #, etc.: SUITE 4815
City & State: MIAMI FL	City & State: MIAMI, FL
Zip: 33134 Country: USA	Zip: 33131 Country: USA

4. FEI Number: 65-0428100 ☐ 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
~~ZERBONE, ALESSANDRO~~ ~~330 GRECO AVE~~ ~~104~~ ~~CORAL GABLES FL 33134~~	Name: PIERO SALUSSOLIA Street Address (P.O. Box Number is Not Acceptable): 200 SOUTH BISCYANE BLVD. SUITE 4815 City: MIAMI FL Zip Code: 33131

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: PIERO SALUSSOLIA 04/20/00
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, 2000 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	~~PST~~ ~~ZERBONE, ALESSANDRO~~ ~~330 GRECO AVE. SUITE 104~~ ~~CORAL GABLES FL 33146~~ ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPTS ZERBONE, ALESSANDRO 4343 WEST FLAGLER ST SUITE 505 MIAMI, FL 33134 ☐ Change ☐ Addition
	☐ Delete		☐ Change ☐ Addition
	☐ Delete		500003273355--7 -06/01/00--01050--004 *****61.25 ☐ *****61.25 Addition
	☐ Delete		☐ Change ☐ Addition
	☐ Delete		☐ Change ☐ Addition
	☐ Delete		☐ Change ☐ Addition
	☐ Delete		LS ☐ Change ☐ Addition

CR2E034 (9/99)

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: ANDY ZERBONE 4/28/00 (305)-373-7016
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #