

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000070708

1. Entity Name

TREVI FOODS DISTRIBUTORS, INC.

Principal Place of Business

2801 NW 125TH ST.
MIAMI FL 33167

Mailing Address

2801 NW 125TH ST.
MIAMI FL 33167-2514

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

65-0492418

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

DIOGUARDI, MARCO
2801 NW 125TH ST.
MIAMI FL 33167

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, 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 D ☐ Delete
NAME DIOGUARDI, VINCENZO
STREET ADDRESS AV. RAFAEL RANGEL, QTA LA CIMA
CITY-ST-ZIP SANTA FE CARACAS VENEZUELA

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME DIOGUARDI, LUCIO
STREET ADDRESS AV. LA MESETA RES. LA CUMBRE AP. 2AC
CITY-ST-ZIP SANTA ROSA DE LIMA CARACAS

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME SEMIDEY, LUIS E
STREET ADDRESS CALLE A-3 QTA. FANFATILITA
CITY-ST-ZIP SANTA ROSA DE LIMA CARACAS

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME PALAZZASE, GIOVANNI
STREET ADDRESS AV. LOS SAMANES, RES LOS SAMANES AP. 5C
CITY-ST-ZIP LA FLORIDA CARACAS, VENEZUEL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME SPORTIELLO, MICHELE
STREET ADDRESS AV. MANAURE SECTOR J. QTA
CITY-ST-ZIP CHIRIMENA MACARACUAY CARACAS

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

MARCO DIOGUARDI (PRINT NAME)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/00
Date

(305) 769-079P
Daytime Phone #

CR2E034 (9/99)



DO NOT WRITE IN THIS SPACE