

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P93000070708**

1. Entity Name

TREVI FOODS DISTRIBUTORS, INC.**FILED****Feb 28, 2001 8:00 am**
Secretary of State

02-28-2001 90102 023 ***150.00

Principal Place of Business

Mailing Address

**2801 NW 125TH ST.
MIAMI FL 33167****2801 NW 125TH ST.
MIAMI FL 33167**

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	D DIOGUARDI, VINCENZO	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	AV. RAFAEL RANGEL, QTA LA CIMA		
	SANTA FE CARACAS VENEZUELA		
<input type="checkbox"/> Delete	D DIOGUARDI, LUCIO	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	AV. LA MESETA RES. LA CUMBRE AP. 2AC		
	SANTA ROSA DE LIMA CARACAS		
<input type="checkbox"/> Delete	D SEMIDEY, LUIS E	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	CALLE A-3 QTA. FANFATILITA		
	SANTA ROSA DE LIMA CARACAS		
<input type="checkbox"/> Delete	D PALAZZASE, GIOVANNI	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	AV. LOS SAMANES, RES LOS SAMANES AP. 5C		
	LA FLORIDA CARACAS, VENEZUEL		
<input type="checkbox"/> Delete	D SPORTIELLO, MICHELE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	AV. MANAURE SECTOR J. QTA		
	CHIRIMENA MACARACUAY CARACAS		
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/01
Date(305) 769-0799
Daytime Phone #

CR2E034 (10/00)