

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90151 046 ***150.00

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**

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, 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	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	DIOGUARDI, VINCENZO	AV. RAFAEL RANGEL, QTA LA CIMA	SANTA FE CARACAS VENEZUELA	<input type="checkbox"/>
D	DIOGUARDI, LUCIO	AV. LA MESETA RES. LA CUMBRE AP. 2AC	SANTA ROSA DE LIMA CARACAS	<input type="checkbox"/>
D	SEMIDEY, LUIS E.	CALLE A-3 QTA. FANFATILITA	SANTA ROSA DE LIMA CARACAS	<input type="checkbox"/>
D	PALAZZASE, GIOVANNI	AV. LOS SAMANES, RES LOS SAMANES AP. 5C	LA FLORIDA CARACAS, VENEZUEL	<input type="checkbox"/>
D	SPORTIELLO, MICHELE	AV. MANAURE SECTOR J. QTA	CHIRIMENA MACARACUAY CARACAS	<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 or without other life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARCO DIOGUARDI

1/08/02

(305) 769-0799

Date

Daytime Phone #

CRZE034 (9/01)