

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000086320

1. Entity Name

NETUNO IMPORT, INC.

FILED
Apr 14, 2000 8:00 am
Secretary of State

04-14-2000 90089 007 ***150.00

Principal Place of Business	Mailing Address
499 E. PALMETTO PARK RD. 220 BOCA RATON FL 33432 US	499 E. PALMETTO PARK RD. 220 BOCA RATON FL 33432-5080 US

2. Principal Place of Business	3. Mailing Address
500 N.E. SPANISH RIVER BLVD Suite, Apt. #, etc. 105-A City & State BOCA RATON Zip 33431 Country USA PALM BEACH	500 N.E. SPANISH RIVER BLVD. Suite, Apt. #, etc. 105-A City & State BOCA RATON Zip 33431 Country PALM BEACH



DO NOT WRITE IN THIS SPACE

4. FEI Number	65-0452119	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

LUCIANO, BONALDO
1430 NE 4TH COURT
BOCA RATON FL 33428

7. Name and Address of New Registered Agent

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																								
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)