

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 18, 2000 8:00 am**  
**Secretary of State**

07-18-2000 90086 049 \*\*\*150.00

DOCUMENT # P94000019824

1. Entity Name

SAN BENEDETTO, ACQUA MINERALE SAN BENEDETTO, INC *R*

Principal Place of Business

Mailing Address

8010 W. DRIVE  
 #380  
 MIAMI FL 33141  
 US

P. O. BOX 415144  
 MIAMI FL 33141-5144  
 US

2. Principal Place of Business

3. Mailing Address

1001 BRICKELL BAY DR.

P.O. BOX 415144

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 1508

City & State

MIAMI FLORIDA

City & State

MIAMI FLORIDA

Zip

Country

Zip

Country

33131

DADE

33141

DADE



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0573295

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

NIGRELLI, ANTONINO  
 8010 W DRIVE UNIT 378  
 NORTH BAY VILLAGE FL 33141

Name

NIGRELLI ANTONINO

Street Address (P.O. Box Number is Not Acceptable)

1001 BRICKELL BAY DR. Suite 1508

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*Antonino Nigrelli*

04/26/00

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  
 VSD  
 NIGRELLI, ANTONINO  
 8010 WEST DRIVE UNIT 380  
 NORTH BAY VILLAGE FL

☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 P.S.T.D.  
 NIGRELLI ANTONINO  
 1001 BRICKELL BAY DR Suite 1508  
 MIAMI FL 33131

☐ Delete

TITLE  
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 STREET ADDRESS  
 CITY-ST-ZIP  
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☐ Change ☐ 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

Date

Daytime Phone #

CR 0034 (9/99)