

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0243834 AV

DOCUMENT # P94000029100

1. Entity Name
DE VECCHI ALMARO CORPORATION



FILED

03 MAY 20 AM 10:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
5445 COLLINS AVE.
SUITE TS-11
MIAMI BEACH FL 33140

Mailing Address
C/O UGO CHIARATO, CPA
220 71ST ST. SUITE 213
MIAMI BEACH FL 33141



2. Principal Place of Business

3. Mailing Address

12000 BISCAYNE BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 507

City & State

City & State

MIAMI FL

Zip

Country

Zip

Country

33181

USA

4. FEI Number 65-0483920

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHIARATO, UGO V

220 71ST ST. 12000 BISCAYNE BLVD #507

#213

MIAMI BEACH FL 33141 MIAMI FL 33181

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PTD ☐ Delete
NAME DE VECCHI, ALESSANDRO
STREET ADDRESS 5445 COLLINS AVE., TS-11
CITY-ST-ZIP MIAMI BEACH FL 33140

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 900019565579
CITY-ST-ZIP 05/20/03--01022--007 **2911.25

TITLE SD ☐ Delete
NAME ADDOLORATA, FERLINO
STREET ADDRESS 5445 COLLINS AVE., TS11
CITY-ST-ZIP MIAMI BEACH FL 33140

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED POA

04/27/2003 (305) 899.5099

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)