

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000033580

1. Entity Name

AUSTRALIA, INC.

FILED

00 JUN 23 PM 4:35

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business

~~300 GREGO AVENUE~~

~~SUITE 104~~

~~CORAL GABLES, FL 33146~~

~~US~~

Mailing Address

~~330 GREGO AVENUE~~

~~SUITE 104~~

~~CORAL GABLES, FL 33146~~

~~US~~

2. Principal Place of Business

4343 WEST FLAGLER STREET

Suite, Apt. #, etc.

SUITE 505

City & State

MIAMI, FL

Zip

33134

Country

USA

3. Mailing Address

200 SOUTH BISCAYNE BLVD.

Suite, Apt. #, etc.

SUITE 4815

City & State

MIAMI, FL 3313

Zip

33131

Country

USA

4. FEI Number

65-0506162

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

~~ZERBONE, ALEX~~

~~330 GREGO AVE.~~

~~SUITE 104~~

~~CORAL GABLES, FL 33146~~

7. Name and Address of New Registered Agent

Name

PIERO SALUSSOLIA

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

200 SOUTH BISCAYNE BLVD.

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.

PIERO SALUSSOLIA

(NOTE: Registered Agent signature required when reinstating)

05/30/00
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

TITLE ☐ Delete
NAME PST
ZERBONE, ALEX
STREET ADDRESS 330 GREGO AVE, SUITE 104
CITY-ST-ZIP CORAL GABLES, FL 33146

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME DPTS
ZERBONE, ALESSANDRO
STREET ADDRESS 4343 WEST FLAGLER ST. SUITE 505
CITY-ST-ZIP MIAMI, FL 33134

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

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

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

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

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

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

5/31/2000
Date

(305) 373-7016
Daytime Phone #

CR2E034 (9/99)