

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P94000033580**1. Entity Name
AUSTRALIA, INC.**FILED**
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90079 018 ***150.00

Principal Place of Business
**4343 WEST FLAGLER STREET
SUITE 505
MIAMI FL 33131
US**Mailing Address
**200 SOUTH BISCAYNE BLVD
SUITE 4015
MIAMI FL 33131**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1548 BRICKELL AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

MIAMI, FL4. FEI Number **65-0506162**

Applied For

Not Applicable

Zip

Country

Zip

Country

33129-1210**USA**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

**SALUSSOLIA, PIERO
200 SOUTH BISCAYNE BLVD.
MIAMI FL 33131**Name
SALUSSOLIA, PIERO

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

1548 BRICKELL AVE.City
MIAMI**FL**Zip Code
33129-1210

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

PIERO SALUSSOLIA**04/26/01**

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, 2001 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
**DPTS
ZARBONE, ALESSANDRO
4343 WEST FLAGLER STREET SUITE 505
MIAMI FL 33131** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
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NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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

ALESSANDRO ZARBONE

Date

04/26/01

Daytime Phone #

305/4613244

CP2E034 (10/00)