

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 29, 2002 8:00 am
Secretary of State

05-29-2002 90693 016 ***563.75

DOCUMENT # **P 94000036826**

1. Entity Name

TUNNEL SERVICES CORPORATION

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **6205 BLUE LAGOON DRIVE**

3. Mailing Address **6205 BLUE LAGOON DRIVE**

Suite, Apt. #, etc.

290

Suite, Apt. #, etc.

290

DO NOT WRITE IN THIS SPACE

City & State **MIAMI, FL.**

City & State **MIAMI, FL**

4. FEI Number **65-0665751**

Applied For

Not Applicable

Zip **33126**

Country **U.S.**

Zip **33126**

Country **U.S.**

5. Certificate of Status Desired ☒

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name **R.A. FREEMAN**

Street Address (P.O. Box Number is Not Acceptable) **2601 S. BAYSHORE DRIVE**

SUITE 1250

City **MIAMI, FL.**

FL

Zip Code **33133**

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)

5/17/02

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☒
(See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$81.25
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 **P/D**
NAME **LUCIANO STELLA**
STREET ADDRESS **6205 BLUE LAGOON DRIVE, STE 290**
CITY- ST- ZIP **MIAMI, FL. 33126**

TITLE **V/D/M**
NAME **ENRICO GHELLA**
STREET ADDRESS **SAME AS ABOVE**
CITY- ST- ZIP

TITLE **T/D**
NAME **GIOVANNI BASSI**
STREET ADDRESS **SAME AS ABOVE**
CITY- ST- ZIP

TITLE **A/S**
NAME **ELENA AGUIRRE**
STREET ADDRESS **SAME AS ABOVE**
CITY- ST- ZIP

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LUCIANO STELLA

5/20/02

Daytime Phone #

305-7170909

CR2ED34B (12/01)