

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000069123

1. Entity Name

BURGATTI, INC.

FILED
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90073 013 ***150.00

Principal Place of Business

1581 BRICKELL AVE.
SUITE 1501
MIAMI FL 33129

Mailing Address

8690 SW 24TH ST
MIAMI FL 33155-2338
US

2. Principal Place of Business

8690 SW 24TH ST.

Suite, Apt. #, etc.

3. Mailing Address

1601 CORAL WAY

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

65-0520992

Applied For

Not Applicable

Zip

Country

33155

Zip

Country

33145-2851

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

BURASCHI, LUIGI
1581 BRICKELL AVE.
SUITE 1501
MIAMI FL 33129

Name

BURASCHI, LUIGI

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

1601 CORAL WAY

City

Miami

FL

Zip Code

33145

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

02/15/00

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 ☐ Delete
NAME D
STREET ADDRESS BURASCHI, LUIGI
CITY-ST-ZIP 1581 BRICKELL AVE. #1501
MIAMI FL 33129

TITLE ☐ Change ☐ Addition
NAME D
STREET ADDRESS BURASCHI, LUIGI
CITY-ST-ZIP 390 GULF DR.
Key Biscayne, FL. 33149

TITLE ☐ Delete
NAME D
STREET ADDRESS GATTINONI, FABIANA
CITY-ST-ZIP 1581 BRICKELL AVE. #1501
MIAMI FL 33129

TITLE ☒ Change ☐ Addition
NAME D
STREET ADDRESS GATTINONI, ROSARIO F.
CITY-ST-ZIP 390 GULF DR.
Key Biscayne, FL. 33149

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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

Date

Daytime Phone #

02/15/00 (305) 220-9446
220-9446

CR2E034 (9/99)