

2001, UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000075965

1. Entity Name

AMERICAN DUTY FREE CONSORTIUM INC.

FILED

May 10, 2001 8:00 am
Secretary of State

05-10-2001 90042 047 ***150.00

Principal Place of Business

550 BILTMORE WY
SUITE 840
CORAL GABLES FL 33134
US

Mailing Address

550 BILTMORE WY
SUITE 840
CORAL GABLES FL 33134
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0529373

Applied For

Not Applicable

Zip

Country

Zip

Country

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

THE PRENTICE-HALL CORPORATION SYSTEM INC
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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.

SIGNATURE

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	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
D	PANDOLFI, FERDINAND	VIA DEL FONDITORE 12	BOLOGNA IT	D	PASI, STEFANO	VIA DEL FONDITORE 12	BOLOGNA IT
DVP	MARINI, JOLANDA	550 BILTMORE WAY, SUITE 840	CORAL GABLES FL				
S	PAVIA, GEORGE M.	600 MADISON AVENUE 12TH FLOOR	NEW YORK NY				
DP	RAMENGHI, VANNI	VIA DEL FONDITORE 12	BOLOGNA IT				

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:

Jolanda Marini
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-25-01

Date

(305) 461-3560

Daytime Phone #

CR2E034 (10/00)