

FILED

Jul 18, 2001 8:00 am
Secretary of State

07-18-2001 90005 028 ***550.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P94000090802

1. Entity Name

Baldotec Corp.

Principal Place of Business

200 S. BISCAYNE BLVD
SUITE 1870
MIAMI, FL 33131

Mailing Address

200 S BISCAYNE BLVD
SUITE 1870
MIAMI, FL 33131

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

650599746

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

JAMES MARX, ESQ.
200 S. BISCAYNE BLVD.
SUITE 1870
MIAMI, FL 33131

7. Name and Address of New Registered Agent

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.

JAMES MARX

(NOTE: Registered Agent signature required when reappointing)

7-9-01

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 \$100.00
AFTER MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	DPS	☐ Delete
NAME	SABRINA, SALERNO	
STREET ADDRESS	VIA PISACANE 16	
CITY-ST-ZIP	20129 MILANO ITALY	
TITLE	DVT	☐ Delete
NAME	RAMELLA MATTEO	
STREET ADDRESS	VIA PISACANE 16	
CITY-ST-ZIP	20129 MILANO ITALY	
TITLE		☐ Delete
NAME		
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		
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 118.07(3)(f), 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:

RAMELLA MATTEO

RAMELLA MATTEO

7-9-01

305/577-0276

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Phone (Area)

CR2E034 (11/00)