

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000029408

1. Entity Name

IORELLI ANTIQUES, INC.

FILED

Apr 05, 2001 8:00 am  
Secretary of State

04-05-2001 90044 008 \*\*\*150.00

Principal Place of Business

1690 S BAYSHORE LANE  
APT 3A  
COCONUT GROVE FL 33133  
US

Mailing Address

1690 S BAYSHORE LANE  
APT 3A  
COCONUT GROVE FL 33133  
US

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

65-0572442

Applied For

Not Applicable

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

SPENCER, SAMUEL  
2688 TIGERTAIL AVENUE  
SUITE 106  
COCONUT GROVE FL 33133

Name

Pernetti, Telesforo

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

318 Aragon Avenue

City

Coral Gables

FL

Zip Code

33134

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  
DPVA  
PERNETTI, TELESFORO  
1690 SOUTH BAYSHORE LANE UNIT 3-A  
COCONUT GROVE FL

☐ Delete

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

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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 #

01-238

CR2E034 (10/00)