

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000040270

Entity Name
PIERO SALUSSOLIA REAL ESTATE, INC.

FILED
May 03, 2000 8:00 am
Secretary of State
05-03-2000 90119 015 ***150.00

Principal Place of Business	Mailing Address
200 S. BISCAYNE BLVD. 4815 FL 33131	200 S. BISCAYNE BLVD. SUITE 4815 MIAMI FL 33131-2303

A0053334



DO NOT WRITE IN THIS SPACE

Principal Place of Business		3. Mailing Address		4. FEI Number	65-0581941	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable
City & State		City & State		5. Certificate of Status Desired		\$8.75 Additional Fee Required
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
SALUSSOLIA, PIERO 200 S. BISCAYNE BLVD. SUITE 4815 MIAMI FL 33131				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	Zip Code

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)		<input type="checkbox"/>		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. <input type="checkbox"/> \$5.00 May Be Added to Fees	

1. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
DPTS SALUSSOLIA, PIERO 200 S. BISCAYNE BLVD., #4815 MIAMI FL 33131							
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
VP FEDELE, PATRIZIA 5555 COLLINS AVE, APT 7K MIAMI BEACH FL 33139							
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
AS FUENTES, CARMEN 200 S BISCAYNE BLVD, STE 4815 MIAMI FL 33131							
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
AS BOLOGNA, STEFANIA 200 S BISCAYNE BLVD, STE 4815 MIAMI FL 33131							
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition			

3. 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: <i>Carmen Fuentes</i>		CARMEN FUENTES		04/27/00		(305) 373-7016	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #			

CR2E034 (9/99)