

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000040617

1. Entity Name

FIDA HOLDING, INC.

FILED

May 03, 2000 8:00 am
Secretary of State

05-03-2000 90119 011 ***150.00

Principal Place of Business

Mailing Address

~~990 GREGO DRIVE~~
~~104~~
~~CORAL GABLES FL 33146~~
~~US~~

~~390 GREGO AVE~~
~~104~~
~~CORAL GABLES FL 33146-1800~~
~~US~~

2. Principal Place of Business

4343 WESTE FLAGLER STREET

Suite, Apt. #, etc.

SUITE 505

City & State

MTAMT

Zip

33134

Country

FL

3. Mailing Address

2003 SOUTH BISCAYNE BLVD.

Suite, Apt. #, etc.

SUITE 4815

City & State

MTAMT

Zip

33134

Country

FL



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0618418

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

RIVERIA, INC

9990 GREGO AVE S

104

CORAL GABLES FL 33146

Name

PIERO SALUSSOLIA

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

200 SOUTH BISCAYNE BLVD.

SUITE 4815

City

MIAMI

FL

Zip Code
33131

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

PIERO SALUSSOLIA

(NOTE: Registered Agent signature required when reinstating)

DATE

04/20/00

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	DPTS	<input type="checkbox"/> Delete
NAME	MOLLE, ALDO D	
STREET ADDRESS	300 S. POINTE DR., APT. 3506	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	AS	<input type="checkbox"/> Delete
NAME	ZERBONE, ALESSANDRO	
STREET ADDRESS	990 GREGO AVENUE, 104	
CITY-ST-ZIP	CORAL GABLES FL 33146	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZERBONE, ALESSANDRO	
STREET ADDRESS	4343 WESTE FLAGLER ST SUITE 505	
CITY-ST-ZIP	MIAMI, FL 33134	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

(305) 373-7016

Daytime Phone #

CR2E034 (9/99)