

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000050511

1. Entity Name  
**FELLINI EYEWEAR, INC.**

**FILED**  
**Apr 19, 2001 8:00 am**  
**Secretary of State**

04-19-2001 90071 019 \*\*\*150.00

Principal Place of Business

10569 NW 51ST ST  
MIAMI FL 33178  
US

Mailing Address

10569 NW 51ST ST  
MIAMI FL 33178  
US

2. Principal Place of Business

7220 NW 36 Street

3. Mailing Address

7220 NW 36 Street

Suite, Apt. #, etc.

Suite 102

Suite, Apt. #, etc.

Suite 102

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33166

Country

USA

Zip

33166

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0592509**

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

DONY, SALVATO  
7220 NW 36 ST SUITE #102  
MIAMI FL 33166

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.

PRESIDENT

(NOTE: Registered Agent signature required when reinstating)

DATE

04/06/01

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 **D** ☒ Delete  
NAME **SALVATO, DONY**  
STREET ADDRESS **10569 NW 51ST ST**  
CITY-ST-ZIP **MIAMI FL 33178**

TITLE **D** ☒ Change ☐ Addition  
NAME **SALVATO, DONY**  
STREET ADDRESS **6643 N.W. 107 PLACE**  
CITY-ST-ZIP **MIAMI - FL. 33178**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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 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

PRESIDENT

04/06/01

Date

Daytime Phone #

(305) 599-0101

CR2E034 (10/00)