

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91893 019 ***150.00

0284343 AV

DOCUMENT # P95000050511

1. Entity Name
FELLINI EYEWEAR, INC.



Principal Place of Business

**7220 NW 36 STREET
SUITE 102
MIAMI FL 33166
US**

Mailing Address

**7220 NW 36 STREET
SUITE 102
MIAMI FL 33166
US**

2. Principal Place of Business

9300 NW 25 Street

Suite, Apt. #, etc.

Suite # 106

City & State

MIAMI, FL

Zip

33172

Country

USA

3. Mailing Address

9300 NW 25 Street

Suite, Apt. #, etc.

Suite # 106

City & State

MIAMI, FL

Zip

33172

Country

USA



☐ CHECK HERE IF MAKING CHANGES

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

DONY, SALVATO

**7220 NW 36 ST SUITE #102
MIAMI FL 33166**

7. Name and Address of New Registered Agent

Name

DONY SALVATO

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

9300 NW 25 Street

Suite # 106

City

MIAMI

FL

Zip Code

33172

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

DONY SALVATO REGISTERED AGENT

01/09/03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financial
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	SALVATO, DONY	
STREET ADDRESS	6643 N.W. 107 PLACE	
CITY-ST-ZIP	MIAMI FL 33178	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DONY SALVATO President

01/09/03

(305) 594-0101

Date

Daytime Phone #

CR2E034 (10/02)