

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000064952

1. Entity Name

ITALVEN TRADE CORPORATION

FILED
Sep 01, 2000 8:00 am
Secretary of State

09-01-2000 90056 018 ***550.00

Principal Place of Business

1440 BRICKELL BAY DR.
STE. 607
MIAMI FL 33131
US

Mailing Address

1440 BRICKELL BAY DR.
STE. 607
MIAMI FL 33131

2. Principal Place of Business

2100 SW 7th
Suite, Apt. #, etc.
A5

3. Mailing Address

2100 SW 7th AV.
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

65-0633160

Applied For

Not Applicable

Zip

33129

Country

USA

Zip

33129

Country

US

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ABATE, SARAH
1440 SE BAYSHORE DRIVE
SUITE 607
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name SARAH ABATE
Street Address (P.O. Box Number is Not Acceptable)
2100 SW 7th AV
City MIAMI FL Zip Code 33129

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)

8/30/2000

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

TITLE	D	<input type="checkbox"/> Delete
NAME	ABATE, SARAH	
STREET ADDRESS	1440 SE BAYSHORE DRIVE #607	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	D	<input type="checkbox"/> Delete
NAME	CRISTIANI, CRISTIANO	
STREET ADDRESS	1440 SE BAYSHORE DRIVE #607	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	D	<input type="checkbox"/> Delete
NAME	CRISTIANI, ITALO	
STREET ADDRESS	1440 SE BAYSHORE DRIVE #607	
CITY-ST-ZIP	MIAMI FL 33131	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABATE SARAH	
STREET ADDRESS	2100 SW 7th	
CITY-ST-ZIP	MIAMI FL 33129	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRISTIANI, CRISTIANO	
STREET ADDRESS	2100 SW 7th AV	
CITY-ST-ZIP	MIAMI FL 33129	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRISTIANI ITALO	
STREET ADDRESS	2100 SW 7th AV	
CITY-ST-ZIP	MIAMI FL 33129	
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

Daytime Phone #

8/30/2000 305-2852421