

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2003 8:00 am
Secretary of State

03-21-2003 90115 036 ***150.00

DOCUMENT # P95000078103

1. Entity Name
PROSPECTO INTERNATIONAL, INC.



Principal Place of Business
**200 SOUTH BISCAYNE BLVD
SIXTH FLOOR
MIAMI FL 33131**

Mailing Address
**200 SOUTH BISCAYNE BLVD
SIXTH FLOOR
MIAMI FL 33131**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0626804**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**WLMC REGISTERED AGENTS, INC.
701 BRICKELL AVENUE
SUITE 2000
MIAMI FL 33131**

Name **SOFI ONE INC.**

Street Address (P.O. Box Number is Not Acceptable) **407 Lincoln Road Suite 8R**

City **MIAMI**

FL

Zip Code **33139**

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

[Signature]
(NOTE: Registered Agent signature required when reinstating)

DATE **03-06-03**

**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 Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **S** ☐ Delete
NAME **FINARDI, DARIO**
STREET ADDRESS **V.S. BERNARDINO 3**
CITY-ST-ZIP **37123 VERONA, ITALY**

TITLE **PTD** ☒ Change ☒ Addition
NAME **RANGONI RENZO**
STREET ADDRESS **PIAZZA VITTORIA 3**
CITY-ST-ZIP **38100 TRENTO (ITALY)**

TITLE **PTD** ☒ Delete
NAME **RANGONI, RENATO**
STREET ADDRESS **258 BROMPTON RD**
CITY-ST-ZIP **SW 3 LONDON-VK**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. I hereby certify that the information supplied with this filing indicated on this report or supplemental report is true and correct, and that the corporation or the receiver or trustee empowered to file this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if required.

SIGNATURE: **SIGNATURE!**
SIGNATURE AND TYPED OR PRINTED NAME

REQUIRED
OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)