FILED

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Feb 19, 2001 8:00 am DOCUMENT # P95000087594 **Secretary of State** 1. Entity Name VENETIAN PAINTING, INC. 02-19-2001 90013 042 ***150.00 Principal Place of Business Mailing Address 808 BRICKILL KEY DRIVE **808 BRICKILL KEY DRIVE** UNIT 3405 **UNIT 3405** MIAMI FL 33131 **MIAMI FL 33131** Principal Place of Business Bucken Ket DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0632953 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent RIZZI, CINZIA Street Address (P.O. Box Number is Not Acceptable) 808 BRICKILL KEY DRIVE UNIT 3405 **M!AMI FL 33131** City Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Addition TITLE ☐ Delete TITLE Change **RIZZI, STEANO** NAME NAME STREET ADDRESS STREET ADDRESS 888 BRICKELL KEY DRIVE #600 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33131 TITLE ☐ Delete TITLE Change ☐ Addition ZANDUSSO, CINZIA NAME NAME STREET ADDRESS STREET ADDRESS 888 BRICKELL KEY DRIVE #600 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33131 ☐ Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS 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.