## 2001 UNIFORM BUSINESS REPORT (UBR)

## **FILED** Mar 02, 2001 8:00 am DOCUMENT # P96000048746 **Secretary of State** SOPRALCO OF AMERICA, INC. 03-02-2001 90057 028 \*\*\*158.75 Principal Place of Business Mailing Address 4121 SW 47TH AVE 4121 SW 47TH AVE **\$TE 1317 ISTE 1317** FT LAUD FL 33314 FT LAUD FL 33314 US US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 65-0676652 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DE BATTISTI, GIANCARLO Street Address (P.O. Box Number is Not Acceptable) 3460 YACHT CLUB DRIVE #1601 AVENTURA FL 33180 City Zip Code F 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) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (10/00) TITLE ☐ Delete TITLE ☐ Change DE BATTISTI ORDAZ, ARCELIA 3640 YACHT CLUB DR., APT. 1601 DE BATTISTI, GIANCARLO NAME NAME 3460 YACHT CLUB DR, 1601 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP AVENTURA FL 33180 CITY-ST-ZIE AVENTURA FL SD TITLE ☐ Change Addition TITLE Delete DE BATHSTI GIANCARLO 3640 YACHT CLUB DR. APT. 1601 DE BATTISTI, ARCELIA NAME 3640 YACHT CLUB DR, 1601 STREET ADDRESS STREET ADDRESS AVENTURA, FL 33180 CITY-ST-ZIP CITY-ST-ZIP AVENTURA FL ☐ Delete Change Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Addition TITLE Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIF TITLE ☐ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNA

URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GHANCARLO DE BATTISTI