

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000050673

Entity Name

SALVIATI & SANTORI, INC.

FILED

Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90014 018 ***150.00

Principal Place of Business	Mailing Address
NW 25 TH ST 02 FL 33122	10 E MERRICK RD. #210 VALLEY STREAM NY 11580-5800 US

Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

4. FEI Number	59-3384969	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
----------------------------------	--------------------------	--------------------------------

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating)

DATE

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 \$150.00
After MAY 1, 2000 Fee will be \$550.00
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	DS	<input type="checkbox"/> Delete
NAME	AMERI, MAURIZIO	
STREET ADDRESS	ONE PENN PLAZA SUITE 3515	
CITY-ST-ZIP	NEW YORK NY 10119	
TITLE	P	<input type="checkbox"/> Delete
NAME	SANTORI, FRANCESCO	
STREET ADDRESS	10 E MERRICK RD	
CITY-ST-ZIP	VALLEY STREAM NY 11580	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	LATCHMAN, SINGH KC	
STREET ADDRESS	10 E MERRICK RD	
CITY-ST-ZIP	VALLEY STREAM NY 11580	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	ZUCCONI, ROBERTO	
STREET ADDRESS	10 3 MERRICK RD	
CITY-ST-ZIP	VALLEY STREAM NY 11580	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	ALONSO, MARIA E	
STREET ADDRESS	6752 CROOKED PALM TERR.	
CITY-ST-ZIP	MIAMI LAKES FL 33014	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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
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

2/2/00 816-872-1300

Date

Daytime Phone #

CR2E034 (9/99)