

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000050673

1. Entity Name
SALVIATI & SANTORI, INC.

FILED

Mar 02, 2001 8:00 am
Secretary of State

03-02-2001 90053 006 ***150.00

Principal Place of Business

**8250 NW 25 TH ST
SUITE 02
MIAMI FL 33122
US**

Mailing Address

**10 E MERRICK RD.
#210
VALLEY STREAM NY 11580
US**

2. Principal Place of Business

10813 NW 30TH ST.

3. Mailing Address

Suite, Apt. #, etc.

SUITE # 107

City & State

MIAMI FL

Zip

33172

Country

USA

Zip

Country

4. FEI Number **59-3384969**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$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 **K.C. LATCHMANSINGH**

Street Address (P.O. Box Number is Not Acceptable)

SALVIATI & SANTORI INC

10813 NW 30TH ST., STE #107

City

MIAMI

FL

Zip Code

33172

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. Corporation is eligible to satisfy its Intangible
filing requirement and elects to do so.
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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** ☐ Delete
NAME **AMERI, MAURIZIO**
STREET ADDRESS **ONE PENN PLAZA SUITE 3515**
CITY-ST-ZIP **NEW YORK NY 10119**

TITLE **P** ☐ Delete
NAME **SANTORI, FRANCESCO**
STREET ADDRESS **10 E MERRICK RD**
CITY-ST-ZIP **VALLEY STREAM NY 11580**

TITLE **VPT** ☐ Delete
NAME **LATCHMAN, SINGH KC**
STREET ADDRESS **10 E MERRICK RD**
CITY-ST-ZIP **VALLEY STREAM NY 11580**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☒ Change ☐ Addition
NAME **VT LATCHMANSINGH, K.C.**
STREET ADDRESS **292 W. WINDSOR PARKWAY**
CITY-ST-ZIP **OCEANSIDE NY 11572**

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

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

TITLE ☐ Change ☐ 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 #

CR2E034 (10/00)