

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 2001 P96000056765

1. Entity Name  
PIANETA MIAMI, INC.

Principal Place of Business  
220 71st Street, Suite 213  
Miami Beach, FL 33141

Mailing Address  
220 71st Street, Suite 213  
Miami Beach, FL 33141

FILED

01 APR 26 PM 2:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2. Principal Place of Business  
220 71st Street

3. Mailing Address  
220 71st Street

Suite, Apt. #, etc.  
Suite 213

Suite, Apt. #, etc.  
Suite 213

City & State  
Miami Beach, FL

City & State  
Miami Beach, FL

Zip  
33141

Zip  
33141

Country  
USA

Country  
USA

4. FEI Number 65-0748844

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Chiarato, Ugo  
1001 Brickell Bay Drive, Suite 1508  
Miami, FL 33131

Name  
Chiarato, Ugo  
Street Address (P.O. Box Number is Not Acceptable)  
220 71st Street, Suite 213  
City Miami Beach FL Zip Code 33141

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 *Ugo Chiarato* Ugo Chiarato *04/23/01* LS  
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 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

3. 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: *Ugo Chiarato* Ugo Chiarato, Secretary *04/23/01* (305)868-7060  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/99)