

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000072831

1. Entity Name  
D.S. BISCAYNE, INC.

**FILED**  
**May 03, 2001 8:00 am**  
**Secretary of State**

05-03-2001 90079 015 \*\*\*150.00

Principal Place of Business Mailing Address  
~~200 S. BISCAYNE BLVD., STE. 4815~~ ~~200 S. BISCAYNE BLVD., STE. 4815~~  
~~MIAMI FL 33131~~ ~~MIAMI FL 33131~~

2. Principal Place of Business 3. Mailing Address  
**1548 Brickell Ave.** **1548 Brickell Ave.**  
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
**Miami, FL** **Miami, FL**  
Zip Country Zip Country  
**33129-1210** **USA** **33129-1210** **USA**

4. FEI Number **65-6219848** Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

**SALUSSOLIA, PIERO**  
~~200 S. BISCAYNE BLVD., STE. 4815~~  
~~MIAMI FL 33131~~

Name **Salussolia, Piero**  
Street Address (P.O. Box Number is Not Acceptable)  
**1548 Brickell Ave.**  
City **Miami** **FL** Zip Code **33129-1210**

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, 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

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DVPT	<input type="checkbox"/> Delete
NAME	SALUSSOLIA, PIERO	
STREET ADDRESS	<del>200 S. BISCAYNE BLVD., STE. 4815</del>	
CITY-ST-ZIP	<del>MIAMI FL</del>	
TITLE	DPS	<input type="checkbox"/> Delete
NAME	DICOWDEN, MARIE	
STREET ADDRESS	3610 YACHT CLUB DR., APT. 1108	
CITY-ST-ZIP	AVENTURA FL	
TITLE	AS	<input type="checkbox"/> Delete
NAME	BOLOGNA, STEFANIA	
STREET ADDRESS	<del>200 S. BISCAYNE BLVD STE 4815</del>	
CITY-ST-ZIP	<del>MIAMI FL</del>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DVPT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Salussolia, Piero	
STREET ADDRESS	1548 Brickell Ave.	
CITY-ST-ZIP	Miami, FL 33129-1210	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	AS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bologna, Stefania	
STREET ADDRESS	1548 Brickell Ave.	
CITY-ST-ZIP	Miami, FL 33129-1210	
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: Stefania Bologna STEFANIA BOLOGNA 04/27/01 305-373-7016  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)