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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000088638

1. Entity Name
VIA BOLPERINO ITALIAN FURNITURE, INC.

Principal Place of Business
1939 N.E. 2ND AVENUE., SUITE 105
MIAMI, FL 33137 US

Mailing Address
1939 N.E. 2ND AVENUE., SUITE 105
MIAMI, FL 33137 US

[redacted]

2. Effective Place of Business — Suite, Apt. #, etc. — City & State — Zip — Country

3. Effective Mailing Address — Suite, Apt. #, etc. — City & State — Zip — Country

☐ CHECK HERE IF MAILING CHANGES

4. FEI Number 59-0707782 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent
SIMONA, CIANCETTA
20 ISLAND AVE., APT 207
MIAMI BCH, FL 33139

7. Name and Address of New Registered Agent
Name SIMONA CIANCETTA
Street Address (P.O. Box Number is Not Acceptable)
20, ISLAND AVE. # 1201
City MIAMI BEACH FL Zip Code 33139

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ Date

[redacted]

9. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

Title	Name	Street Address	City-St-Zip	Delete
PD	RAGALDI, BRUNO	2930 NE 2 AVE, STE 105	MIAMI, FL 33137	☐
VD	RIVA, SERGIO	2930 NE 2 AVE, STE 105	MIAMI, FL 33137	☑
ST	CIANCETTA, SIMONA	2930 NE 2 AVE, STE 105	MIAMI, FL 33137	☐
				☐
				☐
				☐

11. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 11

Title	Name	Street Address	City-St-Zip	Change	Addition
VD				☑	☐
				☐	☐
PD				☑	☐
				☐	☐
				☐	☐
				☐	☐

12. I hereby certify that the information supplied with this long state tax quality 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 10 or Block 11 if changed, or is an officer or director listed in Block 10 or Block 11 if unchanged.

SIGNATURE: _____ Date Signature

7/29
aw