

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90121 006 ***150.00

DOCUMENT # P96000099465

1. Entity Name

NENE'S ITALIANA, INC.

Principal Place of Business

24834 SW 177TH AVE
HOMESTEAD FL 33031
US

Mailing Address

24834 SW 177TH AVE
HOMESTEAD FL 33031
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0712471**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

~~RIVERA, JUAN~~
~~3601 NE 170 ST~~
~~#605~~
~~MIAMI FL 33160~~

Livingstone, Don
7711 SW 62 ave
1st Floor
Miami, FL 33143

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

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, 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	P	<input checked="" type="checkbox"/> Delete
NAME	RIVERA, JUAN C	
STREET ADDRESS	3601 NE 170 ST #605	
CITY-ST-ZIP	N MIAMI FL 33160	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	RIVERA, JUAN C	
STREET ADDRESS	3601 NE 170 ST #605	
CITY-ST-ZIP	N MIAMI FL 33160	
TITLE	T	<input type="checkbox"/> Delete
NAME	BARRIOS, CHRISTINE	
STREET ADDRESS	15540 SW 80 ST #108 19390 Collins Ave	
CITY-ST-ZIP	MIAMI FL 33193 Sunny Isles, FL 33160	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BARRIOS, CHRISTINE	
STREET ADDRESS	15540 SW 80 ST #108 19390 Collins Ave	
CITY-ST-ZIP	MIAMI FL 33193 Sunny Isles, FL 33160	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	(P) Davis, Joseph M.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	19800 SW 180 Ave #100	
CITY-ST-ZIP	Miami, FL 33187 (P)	
TITLE	(S) Davis, Joseph M.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	19800 SW 180 Ave #100	
CITY-ST-ZIP	Miami, FL 33187 (S)	
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

Date

Daytime Phone #

CR2E034 (10/00)