

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000001822

1. Entity Name

SALES R.E. INVESTMENTS, CORP.

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90119 034 ***150.00

Principal Place of Business

Mailing Address

200 S. BISCAYNE BLVD., STE. 4815
MIAMI FL 33131

200 S. BISCAYNE BLVD., STE. 4815
MIAMI FL 33131-2303

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0727262

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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, 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
NAME
DPS
LENZI, ALESSANDRA
STREET ADDRESS
VIA DEI CASTAGNI, 12 VILLINO 1 LOTTO 16
CITY-ST-ZIP
00040 ROCCA DI PAPA, ROMA ITALY ☐ Delete

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

TITLE
NAME
LENZI, SABRINA
STREET ADDRESS
VIA DEI CASTAGNI, 12 VILLINO 1 LOTTO 16
CITY-ST-ZIP
00040 ROCCA DI PAPA RO Y ☐ Delete

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

TITLE
NAME
VP
LENZI, LUIGI
STREET ADDRESS
VIA DEI CASTAGNI, 12 VILLINO 12 LOTTO 16
CITY-ST-ZIP
00040 ROCCA DI PAPA RO Y ☐ Delete

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

TITLE
NAME
VP
DI, MAGGIO FLORA
STREET ADDRESS
VIA DEI CASTAGNI, 12 VILLINO 1 LOTTO 16
CITY-ST-ZIP
00040 ROCCA DI PAPA RO LY ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
AS
FUENTES, CARMEN
200 SOUTH BISCAYNE BLVD. SUITE 4815
MIAMI, FL 33131

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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:

Carmen Fuentes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CARMEN FUENTES

Date

04/27/00 (305) 373-7016

Daytime Phone #