

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P97000001822****1. Entity Name**  
**SALES R.E. INVESTMENTS, CORP.****FILED**  
**May 03, 2001 8:00 am**  
**Secretary of State**

05-03-2001 90079 025 \*\*\*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~~**2. Principal Place of Business****1548 Brickell Ave.**

Suite, Apt. #, etc.

**3. Mailing Address****1548 Brickell Ave.**

Suite, Apt. #, etc.

City & State  
**Miami, FL**City & State  
**Miami, FL****4. FEI Number 65-0727262**

Applied For

Not Applicable

Zip  
**33129-1210**Country  
**USA**Zip  
**33129-1210**Country  
**USA****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

Signature, typed or printed name of registered agent and title if applicable.

**PIERO SALUSSOLIA**

(NOTE: Registered Agent signature required when reinstating)

DATE

**04/26/01****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** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.**11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DPS**  
**LENZI, ALESSANDRA**  
**VIA DEI CASTAGNI, 12 VILLINO 1 LOTTO 16**  
**00040 ROCCA DI PAPA, ROMA ITALY**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T**  
**LENZI, S**  
**VIA DEI CASTAGNI, 12 VILLINO 1 LOTTO 16**  
**00040 ROCCA DI PAPA RO Y**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP**  
**LENZI, L**  
**VIA DEI CASTAGNI, 12 VILLINO 12 LOTTO 16**  
**00040 ROCCA DI PAPA RO Y**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP**  
**DI, MAGGIO F**  
**VIA DEI CASTAGNI, 12 VILLINO 1 LOTTO 16**  
**00040 ROCCA DI PAPA RO LY**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
~~**AS**~~  
~~**FUENTES, CARMEN**~~  
~~**200 S BISCAYNE BLVD STE 4815**~~  
~~**MIAMI FL 33131**~~TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**AS**  
**MANCA, MARCELLA**  
**1548 BRICKELL AVE.**  
**MIAMI, FL 33129-1210**TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ 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:

**Marcella Manca**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**03/27/01 305-373-7016**

CR2E034 (10/00)