FILED

2001 UNIFORM	BUSINESS	REPORT	(UBR)
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SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar 08, 2001 8:00 am DOCUMENT # P97000012598 Secretary of State MURANO DUE, INC. 03-08-2001 90095 026 ***150.00 Principal Place of Business Mailing Address 341 N. MAITLAND AVENUE 341 N. MAITLAND AVENUE SUITE 340 SUITE 340 MAITLAND FL 32751 MAITLAND FL 32751 LIS US 2. Principal Place of Business 3. Mailing Address Post_Office Drawer_7540 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 52-2252602 Not Applicable Maitland, Florida Zip Country \$8.75 Additional 32794-7540 5. Certificate of Status Desired USÁ Fee Required 6._Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TATICH, PHILIP Street Address (P.O. Box Number is Not Acceptable) 341 N. MAITLAND AVENUE SUITE 340 MAITLAND FL 32751 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. TITLE ☐ Delete TITLE ☐ Change LORO, CARLO NAME STREET ADDRESS VIA GEN. CHINOTTO 3 36100 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP VICENZA, ITALY ☐ Change ☐ Delete [] Addition NAME TAVAGNA, GIORGIO NAME STREET ADDRESS VIALE ROMA 16, 36100 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP VICENZA, ITALY ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME CERUTI, ALFREDO NAME STREET ADDRESS **VIA STRAMBIO 34, 20133** STREET ADDRESS CITY-ST-ZIP MILANO, ITALY CITY-ST-ZIP DVP TITLE ☐ Addition TITLE ☐ Delete NAME CIVRAN, ELEONORA NAME STREET ADDRESS VIS URBANO 36, 36075 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MONTECCHIO MAG (VI) ITALY TITLE ☐ Delete TITLE ☐ Change ☐ Addition FILIPAZ, ROBERTO NAME NAME AURISIA CAVE 63/A, 34011 STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY - ST - 71P AURISINA (TS) ITALY TITLE ¹□ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.