(9/01)

2002 Uniform Business Report (UBR)

changed, or on an attachment with an address, with all other like empower

SIGNATURE:

Mar 31, 2002 8:00 am **DOCUMENT #** P97000012598 **Secretary of State** 1. Entity Name 03-31-2002 90340 001 ***150 00 MURANO DUE, INC. Principal Place of Business Mailing Address 341 N. MAITLAND AVENUE PO DRAWER 7540 SUITE 340 MAITLAND FL 32794-7540 MAITLAND FL 32751 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 52-2252602 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent TATICH, PHILIP Street Address (P.O. Box Number is Not Acceptable) 341 N. MAITLAND AVENUE SUITE 340 City Zip Code **MAITLAND FL 32751** 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 . (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Addition ☐ Change ☐ Delete TITLE TITLE DP NAME LORO, CARLO STREET ADDRESS STREET ADDRESS VIA GEN. CHINOTTO 3 36100 CITY-ST-7IP CITY-ST-ZIP VICENZA, ITALY Change ☐ Addition TITLE ☐ Delete TITLE DVP NAME NAME TAVAGNA, GIORGIO STREET ADDRESS STREET ADDRESS VIALE ROMA 16, 36100 CITY-ST-7IP CITY-ST-ZIP VICENZA, ITALY ☐ Change Addition TITLE ☐ Delete TITLE DVP NAME NAME CERUTI, ALFREDO STREET ADDRESS STREET ADDRESS VIA-STRAMBIO 34, 20133 CITY-ST-7IP CITY-ST-ZIP MILANO, ITALY Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME CIVRAN, ELEONORA STREET ADDRESS STREET ADDRESS VIS URBANO 36, 36075 CITY-ST-ZIP CITY-ST-ZIP MONTECCHIO MAG (VI) ITALY Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME FILIPAZ, ROBERTO STREET ADDRESS STREET ADDRESS AURISIA CAVE 63/A, 34011 CITY-ST-ZIP CITY-ST-ZIP <u>Aurisina (TS) Italy</u> Delete ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.

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