

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000023900

1. Entity Name

ITALIALAT FOODS GROUP INC.

Principal Place of Business

8405 N.W. 153RD STREET
SUITE C-100
MIAMI FL 33166

Mailing Address

200 S. BISCAYNE BLVD.
SUITE 4015
MIAMI FL 33131-2000

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

2588 SW 27th. Avenue

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33133

Country

USA

4. FEI Number

65-0767609

Applied For

Not Applicable

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

~~SALUSGOLIA, PIERO~~
~~200 S. BISCAYNE BLVD.~~
~~SUITE 4015~~
~~MIAMI FL 33131~~

Name

Antonio Garcia

Street Address (P.O. Box Number is Not Acceptable)

2588 SW 27th. Avenue

City

Miami

FL

Zip Code
33133

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 **DPTS** ☐ Delete
NAME **ROCCO, AUFIERO**
STREET ADDRESS **161 CRANDON BLVD., #219**
CITY-ST-ZIP **KEY BISCAYNE FL 33149**

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

TITLE **AS** ☒ Delete
NAME **FUENTES, CARMEN**
STREET ADDRESS **200 S. BISCAYNE BLVD. 4015**
CITY-ST-ZIP **MIAMI FL 33131**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 06, 2000 8:00 am
Secretary of State

05-06-2000 90303 001 ***450.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)

4/20/2000