

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90196 041 ***150.00

817610



DO NOT WRITE IN THIS SPACE

DOCUMENT # P97000045178

1. Entity Name

ITALIANA OPTICAL CORP.

Principal Place of Business

Mailing Address

7220 NW 36 ST STE 605
MIAMI FL 33166

7220 NW 36 ST STE 605
MIAMI FL 33166-6748
US

2. Principal Place of Business

3. Mailing Address

5172 NW 112th Court
Suite, Apt. #, etc.

5172 N.W. 112th Ct.
Suite, Apt. #, etc.

City & State

City & State

miami, Fla

miami, Fla

Zip

Country

Zip

Country

33178

33178

4. FEI Number

65-0760919

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

GUTIERREZ, MARIO
1133 BIARRITZ DR
MIAMI BEACH FL 33141

Name

MABEL Albanesi

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

5172 N.W. 112 Court

City

miami

FL

Zip Code

33178

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]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/25/00

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 P ☐ Delete
NAME ALBANESI, MABEL
STREET ADDRESS 9621 FONTAINEBLEAU BLVD 210
CITY-ST-ZIP MIAMI FL 33172

TITLE P ☒ Change ☐ Addition
NAME Albanesi, mabel
STREET ADDRESS 5172 N.W. 112th Court
CITY-ST-ZIP miami, FL 33178

TITLE VP ☐ Delete
NAME CONSENTINO, MARIANO
STREET ADDRESS 9621 FONTAINEBLEAU BLVD 210
CITY-ST-ZIP MIAMI FL 33172

TITLE VP ☒ Change ☐ Addition
NAME -LOSENTINO, mariano
STREET ADDRESS 5172 N.W. 112th Court
CITY-ST-ZIP miami, FL 33178

TITLE S ☐ Delete
NAME ALBANESI, GRACIANA E
STREET ADDRESS 9621 FONTAINEBLEAU BLVD 210
CITY-ST-ZIP MIAMI FL 33172

TITLE S ☒ Change ☐ Addition
NAME Albanesi, Graciana E.
STREET ADDRESS 5172 NW 112th Court
CITY-ST-ZIP miami, FL 33178

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/00

Date

(305) 640-9960

Daytime Phone #

CR2E034 19/99