

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 01, 2001 8:00 am**  
**Secretary of State**

05-01-2001 90113 049 \*\*\*150.00

**DOCUMENT # P97000056959**

1. Entity Name  
**LIOGIU 471, INC.**

Principal Place of Business  
**14035 SW 103 TERR.  
 MIAMI FL 33186**

Mailing Address  
**14035 SW 103 TERR.  
 SUITE 119  
 MIAMI FL 33186  
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
*16711 Collins Ave*  
 Suite, Apt. #, etc.  
*Apt UPH5*  
 City & State  
*Sunny Isles, FL*

3. Mailing Address  
*12605 SW 93rd Pl*  
 Suite, Apt. #, etc.  
*Miami FL*  
 City & State

Zip  
*33160*  
 Country

Zip  
*33176*  
 Country

4. FEI Number **65-0766045** 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**

**ARAZOZA, COMAS, DE TORRES, ET. AL.  
 2100 SALZEDO ST. SUITE 300  
 CORAL GABLES FL 33134**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>DE ZANARDO, GIUSEPPA</b>	
STREET ADDRESS	<b>14035 SW 103 TERR.</b>	
CITY-ST-ZIP	<b>MIAMI FL 33186</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>ZANARDO, LIVIO</b>	
STREET ADDRESS	<b>14035 SW. 103 TERR</b>	
CITY-ST-ZIP	<b>MIAMI FL 33186</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>De zanardo, Giuseppa</b>	
STREET ADDRESS	<b>12605 SW 93rd PL</b>	
CITY-ST-ZIP	<b>MIAMI FL, 33176</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Zanardo, Livio</b>	
STREET ADDRESS	<b>12605 SW 93rd PL</b>	
CITY-ST-ZIP	<b>MIAMI FL 33176</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Giuseppa de Zanardo* 04/23/01 305-931-2915  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)