

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**

05-27-2002 90503 003 \*\*\*150.00

DOCUMENT # *P97000056959*

1. Entity Name  
*Lijogiu 471, Inc.* ✓

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
*16711 Collins Ave*

3. Mailing Address  
*12605 SW 93rd PL*

Suite, Apt. #, etc.  
*# 1904*

Suite, Apt. #, etc.,  
*Miami, FL 33176*

City & State  
*Sunny Isles, FL*

City & State

4. FEI Number  
*65-0766045*

Applied For  
Not Applicable

Zip  
*33160*

Country

Zip

Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
*Arazoza + Fernandez Fraga PA*

Street Address (P.O. Box Number is Not Acceptable)  
*2100 Salzedo St, Suite 300*

City  
*Coral Gables* **FL** Zip Code  
*33134*

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) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)   
**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$81.25**  
**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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
*P De zanardo, Giuseppa Mazuzo  
c/o 12605 SW 93rd PL  
Miami, FL 33176*

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
*S Zanardo, Livio  
c/o 12605 SW 93rd PL  
Miami, FL 33176*

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Giuseppa De Zanardo*

*04/30/02* *305-991-2915*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)