# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000097251

1. Entity Name
VERA PELLE, INC.

FILED
03 APR 17 PM 12:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| Principal Place of Business | Mailing Address |
|---|---|
| ~~220 71ST STREET, SUITE 213~~<br>~~MIAMI BEACH FL 33141~~<br>12000 BISCAYNE BLA - SUITE 507<br>MIAMI FL 33181 | ~~220 71ST STREET, SUITE 213~~<br>~~MIAMI BEACH FL 33141~~ |

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0832428 ☐ 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 |
|---|---|
| CHIARATO, UGO V<br>~~220 71ST STREET, SUITE 213~~ 12000 BISCAYNE BLVD # 507<br>~~MIAMI BEACH FL 33141~~ MIAMI FL 33181 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 _____

9. This corporation is eligible to satisfy its delinquent tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS $150.00**
**After May 1, 2002 Fee will be $550.00**
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund ☐ **$5.00** May Be Added to Fees

| 11. OFFICERS AND DIRECTORS | | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PTD<br>ANTONELLI, ANTONIO<br>~~220 71ST STREET, SUITE 213~~<br>~~MIAMI BEACH FL 33141~~ | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ANTONELLI ANTONIO PTD<br>12000 BISCAYNE BLVD # 507<br>MIAMI FL 33181 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SVD<br>COCCO, PAOLA<br>~~220 71ST STREET, SUITE 213~~<br>~~MIAMI BEACH FL 33141~~ | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | COCCO PAOLA SVD<br>12000 BISCAYNE BLVD # 507<br>MIAMI FL 33181 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | 000016319330<br>04/18/03--01034--001 **150.00 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), F.S. I further certify that the information indicated on this report or supplemental requirement is true and accurate and that my signature below authorizes the filing of this report. I am a director or officer of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, F.S. or Chapter 617, F.S.; 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:** _____ ANTONIO ANTONELLI 04/16/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

gs 4/17