

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000100950

1. Entity Name

APULIA IMPORTS, INC.

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90949 010 ***150.00

Principal Place of Business

Mailing Address

8374 NW 68TH STREET
 SUITE B-104
 MIAMI FL 33166
 US

8374 NW 68 STREET
 SUITE B-104
 MIAMI FL 33166-2655
 US

2. Principal Place of Business

8374 NW 68th ST.

3. Mailing Address

8374 NW 68th ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
 MIAMI FL

City & State
 MIAMI, FL

4. FEI Number 65-0797719

Applied For
 Not Applicable

Zip 33166

Country USA

Zip 33166

Country USA

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

SCHIRALDI, RAFAELE
 8900 SW 117 AVE
 SUITE B-104
 MIAMI FL 33186

correct NAME spelling
 →
 New address

Name SCHIRALDI RAFFAELE
 Street Address (P.O. Box Number is Not Acceptable)
 1770 SWEETBAY WAY

City HOLLYWOOD FL Zip Code 33019

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 *Raffaele Schiraldi*

04/28/00

Signature (Type 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 NAME Delete
 D SCHIRALDI, RAFFAELE
 STREET ADDRESS 8374 NW 68TH STREET
 CITY-ST-ZIP MIAMI FL 33166

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

TITLE NAME Delete
 NAME
 STREET ADDRESS 1770 SWEETBAY WAY
 CITY-ST-ZIP HOLLYWOOD FL 33019

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

TITLE NAME Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE NAME Delete
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TITLE NAME Change Addition
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TITLE NAME Change Addition
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TITLE NAME Delete
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 CITY-ST-ZIP

TITLE NAME 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 title empowered.

SIGNATURE: *Raffaele Schiraldi*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/28/00 305-513-8846
 Date Daytime Phone #