

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2001 8:00 am
Secretary of State
 02-26-2001 90534 018 ***158.75

DOCUMENT # P97000102690

1. Entity Name
BOVINELLI INC.

Principal Place of Business
2601 S. BAYSHORE DRIVE STE. 1250
MIAMI FL 33133

Mailing Address
2601 S. BAYSHORE DRIVE STE. 1250
MIAMI FL 33133

2. Principal Place of Business
3001 Ponce de Leon Blvd
 Suite, Apt. #, etc.
Suite 262

3. Mailing Address
3001 Ponce de Leon Blvd
 Suite, Apt. #, etc.
Suite 262

City & State
Coral Gables, FL
 Zip
33134 Country
USA

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Coral Gables, FL
 Zip
33134 Country
USA

4. FEI Number **65-0806570**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

FREEMAN, ROBERT A.
2601 S. BAYSHORE DRIVE STE 1250
MIAMI FL 33133

7. Name and Address of New Registered Agent

Name **Wanda Pistella, P.A.**
 Street Address (P.O. Box Number is Not Acceptable)
3001 Ponce de Leon Blvd
Suite 262
 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 **Wanda Pistella**
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **2/4/01**

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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FREEMAN, ROBERT A	
STREET ADDRESS	2601 S. BAYSHORE DRIVE STE. 1250	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	P	<input type="checkbox"/> Delete
NAME	BOVINELLI, ELENA	
STREET ADDRESS	2601 S. BAYSHORE DR. #1250	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	FREEMAN, ROBERT	
STREET ADDRESS	2601 S. BAYSHORE DR. #1250	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	BOVINELLI, VALERIA	
STREET ADDRESS	2601 S. BAYSHORE DR. #1250	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P/VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Francisco Bovinelli	
STREET ADDRESS	c/o 3001 Ponce de Leon Blvd #262	
CITY-ST-ZIP	Coral Gables, FL 33134	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Elena Bovinelli	
STREET ADDRESS	c/o 3001 Ponce de Leon Blvd #262	
CITY-ST-ZIP	Coral Gables, FL 33134	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP/S	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Valeria Bovinelli	
STREET ADDRESS	c/o 3001 Ponce de Leon Blvd #262	
CITY-ST-ZIP	Coral Gables, FL 33134	
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: **Valeria Bovinelli** **2/5/01** **305-253-1761**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)