

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

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91610 017 ***150.00

DOCUMENT # P97000102690
1. Entity Name
Bovinelli, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
15213 Fisher Island Dr.
Suite, Apt. #, etc.

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

DO NOT WRITE IN THIS SPACE

City & State
Fisher Island, FL

City & State
Coral Gables, FL

FEL Number
65-0806570

Applied For
 Not Applicable

Zip
33109 Country
USA

Zip
33134 Country
USA

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
Nanda Pistella, P.A.

Street Address (P.O. Box Number is Not Acceptable)
3001 Ponce de Leon Blvd
#262

City
Coral Gables FL Zip
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 Nanda Pistella, Nanda Pistella, 2/12/02
Signature: typed or printed name of registered agent and title if applicable. (NOT: Registered Agent signature required when resigning)

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 \$500.00
Amended UBR is \$61.25
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	<u>P/D</u> <u>Valeria Bovinelli</u> <u>15213 Fisher Island Dr.</u> <u>Fisher Island, FL 33109</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>VP/PS</u> <u>Giulia Simoni</u> <u>15213 Fisher Island Dr.</u> <u>Fisher Island, FL 33109</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>VP</u> <u>Francisco Bovinelli</u> <u>15213 Fisher Island Dr.</u> <u>Fisher Island, FL 33109</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: [Signature] 2/15/02 305-253-1761
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #