

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

FILED
Apr 03, 2002 8:00 am
Secretary of State

04-03-2002 90037 018 ***150.00

DOCUMENT # P97000106247

1. Entity Name

DOUBLE P, INC.

DO NOT WRITE IN THIS SPACE

80058883

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

941 N.E. 19TH AVENUE

Suite, Apt. #, etc.

SUITE 208

City & State

FT. LAUDERDALE, FL

3. Mailing Address

SAME

Suite, Apt. #, etc.

City & State

4. FEI Number

59-3485416

Applied For

Not Applicable

Zip

33304

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

DANIEL G. GASS, ESQ.

Street Address (P.O. Box Number is Not Acceptable)

10001 N.W. 50TH STREET

SUITE 204

City

SUNRISE

FL

Zip Code

33351

**DO NOT WRITE
IN THIS SPACE**

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:

Signature, typed 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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
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

P
ALESSANDRO POTENTI
1121 N.E. 17TH TERR.
FT. LAUDERDALE, FL 33304

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VICE PRESIDENT
FABIO POTENTI
2 DUDLEY STREET #470
PROVIDENCE, RI 02905

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 filers endorsed.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

03/25/02.

CR2E034B (12/01)