

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000006857

1. Entity Name
ITALICA HOLDINGS, INC.

FILED
Mar 04, 2000 8:00 am
Secretary of State
03-04-2000 90041 007 ***150.00

Principal Place of Business Mailing Address
2818 NW 112 AVE 2818 NW 112 AVE
MIAMI FL 33172 MIAMI FL 33172-1809



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
8208 NW 30th Terr. - Same -
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State 4. FEI Number Applied For
Miami 65-0806372 Not Applicable
Zip Country Zip Country
33122 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
ORTEGA, ALVARO Name Ortega, Alvaro
2818 NW 112 AVE Street Address (P.O. Box Number is Not Acceptable)
MIAMI FL 33172 8208 NW 30th Terr
City Miami FL Zip Code 33122

8. The above named entity submits this report for the purpose of changing its registered office or registered agent, or both, in the State of Florida.
SIGNATURE Manager DATE Feb 15, 2000
(NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **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	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ORTEGA, ALVARO		NAME		
STREET ADDRESS	2818 NW 112 AVE	8208 NW 30th Terr	STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33172	Miami, FL 33122	CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 prepare 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 authority empowered.
SIGNATURE: SIGNATURE REQUIRED DATE Feb 15, 2000
Daytime Phone # 305-592-4404

CR2E034 (9/99)