

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000008815

1. Entity Name

TORINO TRADING, INC.

FILED

Mar 21, 2000 8:00 am  
Secretary of State

03-21-2000 90021 017 \*\*\*150.00

Principal Place of Business

Mailing Address

8003 MADEIRA COURT  
ORLANDO FL 32819  
US

8003 MADEIRA COURT  
ORLANDO FL 32836  
US

2. Principal Place of Business

7690 BELVOIR DR.

3. Mailing Address

7690 BELVOIR DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORLANDO FL.

City & State

ORLANDO FL.

Zip

32835

Country

Zip

32835

Country

4. FEI Number

59-3487229

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

RAMOS, JOSE L  
5381-B HOFFNER AVENUE  
ORLANDO FL 32812

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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) ☐

**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

TITLE DP  
NAME NOTA, ENZO  
STREET ADDRESS 8003 MADEIRA COURT  
CITY-ST-ZIP ORLANDO FL 32819

☒ Delete

TITLE DVP  
NAME JOAO NEVES, FILHO  
STREET ADDRESS 8003 MADEIRA COURT  
CITY-ST-ZIP ORLANDO FL 32819

☐ Delete

TITLE DST  
NAME LEISTNER, HELIO FAUSTO  
STREET ADDRESS 6068 SILK OAK DRIVE  
CITY-ST-ZIP ORLANDO FL 32819

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME ANA MARIA BARROS TARDELLI  
STREET ADDRESS 7690 BELVOIR DR.  
CITY-ST-ZIP ORLANDO FL 32835

☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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:

*Ana Maria Barros Tarde*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/00

Date

(407) 521-6674

Daytime Phone #

CR2E034 (9/99)