

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000025758

1. Entity Name
TREVISO TILE TRADING, INC.

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90025 033 ***150.00

Principal Place of Business

**400 AMALFI AVENUE
CORAL GABLES FL 33146**

Mailing Address

**400 AMALFI AVENUE
CORAL GABLES FL 33146**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

C/O Julio E. Fernandez
Suite, Apt., etc.
2801 Ponce De Leon Blvd. #1000

City & State
Coral Gables, Florida

Zip Country
33134 USA

3. Mailing Address

C/O Julio E. Fernandez
Suite, Apt., etc.
2801 Ponce De Leon Blvd. #1000

City & State
Coral Gables, Florida

Zip Country
33134 USA

4. FEI Number **65-0822325**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CANZIAN, ALBERTO
400 AMALFI AVENUE
CORAL GABLES FL 33146**

7. Name and Address of New Registered Agent

Name **CANZIAN, ALBERTO**
Street Address (P.O. Box Number is Not Acceptable)
**C/O JULIO E. FERNANDEZ, CPA, PA
2801 Ponce De Leon Blvd., #1000**
City **Coral Gables** FL Zip Code **33134-6917**

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 *Alberto Canzian*, President
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

2/24/01
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, 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	P	<input type="checkbox"/> Delete
NAME	CANZIAN, ALBERTO	
STREET ADDRESS	400 AMALFI AVENUE	
CITY-ST-ZIP	CORAL GABLES FL 33146	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	C/O JULIO E. FERNANDEZ, CPA, PA 2801 Ponce De Leon Blvd., STE 1000
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	
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: *Alberto Canzian*, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/01
Date

305 445-0777
Daytime Phone #

CR2E034 (10/00)