

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90246 025 \*\*\*150.00

DOCUMENT # P98000026141

1. Entity Name  
**RES ANTIQUA, INC.**

Principal Place of Business  
**4180 N.E. 39 Avenue  
Suite 216  
Miami, Florida 33137**

Mailing Address  
**4180 N.E. 39 Avenue  
Suite 216  
Miami, Florida 33137**

2. Principal Place of Business  
**4040 N.E. 2 Avenue  
Suite 312**

3. Mailing Address  
**4040 N.E. 2 Avenue  
Suite 312**

City & State  
**Miami, Florida**

City & State  
**Miami, Florida**

4. FEI Number  
**65-0833536**

Applied For  
☐ Not Applicable

Zip  
**33137**

Country  
**USA**

Zip  
**33137**

Country  
**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

Name  
**Mark J. Bryn**  
Street Address (P.O. Box Number is Not Acceptable)  
**2 S. Biscayne Boulevard, Suite 2680**  
City  
**Miami** **FL** Zip Code  
**33131**

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 **Mark J. Bryn** **April 23, 2001**  
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, 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

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME **D Luisa Gallo** ☒ Delete  
STREET ADDRESS **300 S. Pointe Dr., Apt. 2004**  
CITY-ST-ZIP **Miami Beach, Florida 33139**

TITLE  
NAME **DP Mauro Gallo** ☐ Change ☒ Addition  
STREET ADDRESS **4040 N.E. 2 Avenue, Suite 312**  
CITY-ST-ZIP **Miami, Florida 33137**

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME **DVPT Luis Marcelo Santeusanio** ☐ Change ☒ Addition  
STREET ADDRESS **4040 N.E. 2 Avenue, Suite 312**  
CITY-ST-ZIP **Miami, Florida 33131**

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME **DVPS Marcello Becchi** ☐ Change ☒ Addition  
STREET ADDRESS **4040 N.E. 2 Avenue, Suite 312**  
CITY-ST-ZIP **Miami, Florida 33137**

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
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 another like empowered.

SIGNATURE **Marcelo Santeusanio** **04/24/01** (305) 759-0400  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)