

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 25, 2001 08:00 AM**
Secretary of State**DOCUMENT # P98000038396**1. Entity Name
FIGHTER FORTY INC.**Principal Place of Business**407 LINCOLN ROAD
SUITE 8-R
MIAMI BEACH
33139

FL

Mailing Address407 LINCOLN ROAD
SUITE 8-R
MIAMI BEACH
33139

FL

2. Principal Place of Business**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number**65-0834005**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**FERRETTI ALESSANDRO**
407 LINCOLN ROAD
SUITE 8-R
MIAMI BEACH
33139

FL

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)

04/25/2001

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	D		<input type="checkbox"/> Delete
NAME	URTOLER	FRANCESCO	
STREET ADDRESS	VIA CA		
CITY-ST-ZIP	VERONA 37124 ITALY		
TITLE	D		<input type="checkbox"/> Delete
NAME	POGGIANA	FRANCO	
STREET ADDRESS	VIA CA		
CITY-ST-ZIP	VERONA 37124 ITALY		
TITLE	D		<input type="checkbox"/> Delete
NAME	GALLO	FRANCO	
STREET ADDRESS	VIA CA		
CITY-ST-ZIP	VERONA 37124 ITALY		
TITLE	D		<input type="checkbox"/> Delete
NAME	CAZZOLA	PAOLO	
STREET ADDRESS	VIA CA		
CITY-ST-ZIP	VERONA 37124 ITALY		
TITLE	D		<input type="checkbox"/> Delete
NAME	CASAGRANDE	GIUSEPPE	
STREET ADDRESS	VIA CA		
CITY-ST-ZIP	VERONA 37124 ITALY		
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	URTOLER	FRANCESCO	
STREET ADDRESS	VIA CA DI COZZI 41		
CITY-ST-ZIP	VERONA	IT 37124	
TITLE	D		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POGGIANA	FRANCO	
STREET ADDRESS	VIA CA DI COZZI 41		
CITY-ST-ZIP	VERONA	IT 37124	
TITLE	D		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALLO	FRANCO	
STREET ADDRESS	VIA CA DI COZZI 41		
CITY-ST-ZIP	VERONA	IT 37124	
TITLE	D		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAZZOLA	PAOLO	
STREET ADDRESS	VIA CA DI COZZI 41		
CITY-ST-ZIP	VERONA	IT 37124	
TITLE	P		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASAGRANDE	GIUSEPPE	
STREET ADDRESS	VIA CA DI COZZI 41		
CITY-ST-ZIP	VERONA	IT 37124	
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: casagrande giuseppe

P

04/25/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)