

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 20, 2001 8:00 am**  
**Secretary of State**

04-20-2001 90176 046 \*\*\*150.00

**DOCUMENT # P98000056024**

1. Entity Name  
**OPERA PRIMA, INC.**

Principal Place of Business 217 E. PALMETTO PK. RD BOCA RATON FL 33432	Mailing Address 217 E. PALMETTO PK. RD BOCA RATON FL 33432
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744800



DO NOT WRITE IN THIS SPACE

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	65-0843764	Applied For	<input type="checkbox"/>
		Not Applicable	<input type="checkbox"/>
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required	<input type="checkbox"/>

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~BLODIG, GREGORY J ESQ  
 GREENSPOON, MARDER, ET AL.  
 100 W. CYPRESS CREEK RD -STE 700  
 FORT LAUDERDALE FL 33309~~

Name  
*Homer P. Appleby*  
 Street Address (P.O. Box Number is Not Acceptable)  
*3245 Saint James Drive*  
 City  
*Boca Raton* FL Zip Code  
*33434*

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 *Homer P Appleby, Attorney at Law* *Homer P Appleby* *4/17/01*  
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	DPS	<input type="checkbox"/> Delete
NAME	BETTIO, ANDREA	
STREET ADDRESS	VIA MORAHDI 4 30030 SALZARO	
CITY-ST-ZIP	VENEZIA, ITALY	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	VESCOVI, FILIPPO	
STREET ADDRESS	PIAZZETTA G. FORZATE	
CITY-ST-ZIP	35137 PADOVA, ITALY	
TITLE	<del>DT</del>	<input checked="" type="checkbox"/> Delete
NAME	PASQUALE, ANTHONY	
STREET ADDRESS	8715 SAWPINE RD	
CITY-ST-ZIP	DELRAY BCH FL 33446	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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		
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: *[Signature]* *9/16/01* *561 361 6465*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)