

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000059736

1. Entity Name

SPAZIO DESIGNS, INC.

**FILED**  
**Apr 18, 2000 8:00 am**  
**Secretary of State**

04-18-2000 90062 034 \*\*\*150.00

Principal Place of Business

Mailing Address

16259 SOUTHWEST 83RD STREET  
MIAMI FL 33193

PO BOX 960190  
MIAMI FL 33296-0190

2. Principal Place of Business

4672 SW 72 Ave

3. Mailing Address

4672 SW 72 AV.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
MIAMI, FLORIDA

City & State  
MIAMI, FLORIDA

4. FEI Number 65-0850606

☒ Applied For  
☐ Not Applicable

Zip 33155

Country U.S.A.

Zip 33155

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

AMERILAWYER  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME FERNANDEZ, GISELLE  
STREET ADDRESS 16259 SOUTHWEST 83RD STREET  
CITY-ST-ZIP MIAMI FL 33193 ☐ Delete

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

TITLE STD  
NAME DE BIAGGI, ANDREY E  
STREET ADDRESS 16259 SOUTHWEST 83RD STREET  
CITY-ST-ZIP MIAMI FL 33193 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/10/00

305 740 4441