

2000 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90077 025 ***150.00

DOCUMENT # P98000075563

1. Entity Name

PICCOLO MONDO, INC.

Principal Place of Business

Mailing Address

**6298 N FEDERAL HWY
BOCA RATON FL 33487
US****6298 N FEDERAL HWY
BOCA RATON FL 33487-3248
US**

2. Principal Place of Business

3. Mailing Address
c/o Jacques Horn

Suite, Apt. #, etc.

Suite, Apt. #, etc.

851 NE 69th Street

City & State

City & State

Boca Raton, FL

Zip

Country

Zip

Country

33487-2425**USA**

4. FEI Number

65-0877902

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

7. Name and Address of New Registered Agent

**BERNSTEIN, JEFFREY A
100 NORTH BISCAYNE BOULEVARD SUITE 2608
MIAMI FL 33132**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> Delete	D	HORN, JACQUES	100 NORTH BISCAYNE BOULEVARD SUITE 2608 MIAMI FL 33132	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete	D	MEZOGHI, ABDELMAJID	100 NORTH BISCAYNE BOULEVARD SUITE 2608 MIAMI FL 33132	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> 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

Jacques Horn

Date

Daytime Phone #

4/28/00 (561) 366-4272

CR2E034 (9/99)