

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000084848

1. Entity Name

IMOLA HOLDINGS, INC.

Principal Place of Business

Mailing Address

306 ALCAZAR AVE., STE. 301
CORAL GABLES FL 33134

306 ALCAZAR AVE., STE. 301
CORAL GABLES FL 33134-4318

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 65-0872695

Applied For

Not Applicable

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

AMES, STUART D
2200 MUSUEM TOWER
150 W. FLAGLER ST.
MIAMI FL 33130

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 D ☐ Delete
NAME MONDINI, GIANPIETRO
STREET ADDRESS 308 ALCAZAR AVE., STE 301
CITY-ST-ZIP CORAL GABLES FL 33134

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

TITLE D ☐ Delete
NAME CALLEGATI, MARINO
STREET ADDRESS 306 ALEAZAR AVE., STE 301
CITY-ST-ZIP CORAL GABLES FL 33134

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

TITLE D ☐ Delete
NAME ZUFFA, GIUSEPPE
STREET ADDRESS 306 ALEAZAR AVE., STE 301
CITY-ST-ZIP CORAL GABLES FL 33134

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Add
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 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 #

FILED
Jan 31, 2000 8:00 am
Secretary of State

01-31-2000 90093 014 ***150.00



DO NOT WRITE IN THIS SPACE