

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State
 04-16-2002 90051 016 ***150.00

0015763 AV

DOCUMENT # P98000084848

1. Entity Name
IMOLA HOLDINGS, INC.

Principal Place of Business

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

Mailing Address

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8975 NW 25 Street

3. Mailing Address

8975 NW 25 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Miami FL

City & State
Miami FL

4. FEI Number **65-0872695**

Applied For
 Not Applicable

Zip
33172

Country
USA

Zip
33172

Country

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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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 ☐ Delete
 NAME **D MONDINI, GIANPIETRO**
 STREET ADDRESS **308 ALCAZAR AVE., STE 301**
 CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE ☒ Change ☐ Addition
 NAME **D Mondini, Gianpietro**
 STREET ADDRESS **8975 NW 25 Street**
 CITY-ST-ZIP **Miami FL 33172**

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

TITLE ☒ Change ☐ Addition
 NAME **D Callegati, Marino**
 STREET ADDRESS **8975 NW 25 Street**
 CITY-ST-ZIP **Miami FL 33172**

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

TITLE ☒ Change ☐ Addition
 NAME **D Zuffa, Giuseppe**
 STREET ADDRESS **8975 NW 25 Street**
 CITY-ST-ZIP **Miami FL 33172**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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: **SIG REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/02 (205) 513-0834
 Date Daytime Phone #

CR2E034 (9/01)