

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000094982

1. Entity Name

FIRMANI & POMPEI, CORP

Principal Place of Business

4873 N.W. 97 PLACE
MIAMI FL 33178

Mailing Address

4873 N.W. 97 PLACE
MIAMI FL 33178-1971

FILED

Apr 07, 2000 8:00 am
Secretary of State

04-07-2000 90011 007 ***150.00

2. Principal Place of Business

2448 ANDALUSIA AVE.

Suite, Apt. #, etc.

3. Mailing Address

2448 ANDALUSIA AVE

Suite, Apt. #, etc.

City & State

CORAL GABLES, FL

Zip

33134

Country

U.S.A.

City & State

CORAL GABLES FL

Zip

33134

Country

U.S.A.



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0923079

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

POMPEI, EMIDIO
4873 N.W. 97 PLACE
MIAMI FL 33178

7. Name and Address of New Registered Agent

Name

POMPEI, EMIDIO

Street Address (P.O. Box Number is Not Acceptable)

2448 ANDALUSIA AVE.

City

CORAL GABLES

FL

Zip Code

33134

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

TITLE

D

NAME

POMPEI, EMIDIO

STREET ADDRESS

4873 N.W. 97 PLACE

CITY-ST-ZIP

MIAMI FL 33178

TITLE

D

NAME

SEGURA, GIANFRANCO

STREET ADDRESS

4873 N.W. 97 PLACE

CITY-ST-ZIP

MIAMI FL 33178

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

2448 ANDALUSIA AVE

CORAL GABLES, FL 33134

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

2448 ANDALUSIA AVE

CORAL GABLES, FL 33134

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D.

ANA FIRMANI

2448 ANDALUSIA AVE

CORAL GABLES FL 33134

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D

MICHELE POMPEI

2448 ANDALUSIA AVE

CORAL GABLES, FL 33134

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/31/00

Date

305/4609595

Daytime Phone #

CR2E034 (9/99)