

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000095254

1. Entity Name

INTERNATIONAL INVESTMENTS AND PROJECTS DEVELOPME

**FILED**  
**May 17, 2001 8:00 am**  
**Secretary of State**

05-17-2001 90392 049 \*\*\*150.00

Principal Place of Business

5600 POINSIETTA AVE  
 STE 2210  
 W. PALM BCH FL 33407

Mailing Address

5600 POINSIETTA AVE  
 STE 2210  
 W. PALM BCH FL 33407

80057158



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

16325 BAYS HORE DR.

3. Mailing Address

1632 S. BAYS HORE DR.

Suite, Apt. #, etc.

201

Suite, Apt. #, etc.

201

City & State

MIAMI, FL

City & State

MIAMI

Zip

33133

Country

USA

Zip

33133

Country

USA

4. FEI Number 65-0874613

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

MANGIAMALI, DANIELE  
 9153 SOUTHWEST 72 AVENUE, SUITE T8  
 MIAMI FL 33156

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, 2001 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 P  
 NAME DE ANGELIS, PAOLO ☐ Delete  
 STREET ADDRESS 9153 SOUTHWEST 72 AVENUE, SUITE T8  
 CITY-ST-ZIP MIAMI FL 33156

TITLE TREASURER  
 NAME MASSIMILIANO GIUSTO ☐ Change ☒ Addition  
 STREET ADDRESS 9153 S.W. 72 AVENUE, SUITE T8  
 CITY-ST-ZIP MIAMI FL 33156

TITLE S  
 NAME PICA, MARCO ☒ Delete  
 STREET ADDRESS 9153 SOUTHWEST 72 AVENUE, SUITE T8  
 CITY-ST-ZIP MIAMI FL 33156

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

TITLE DT  
 NAME PICA, ALESSANDRO ☒ Delete  
 STREET ADDRESS 9153 SOUTHWEST 72 AVENUE, SUITE T8  
 CITY-ST-ZIP MIAMI FL 33156

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

TITLE VP/M  
 NAME COLASANTI-EMILIANI, STEFANO ☐ Delete  
 STREET ADDRESS 5600 POINSIETTA AVE -STE 2210  
 CITY-ST-ZIP W. PALM BCH FL 33407

TITLE VP/M/S  
 NAME COLASANTI-EMILIANI STEFANO ☒ Change ☐ Addition  
 STREET ADDRESS 5600 POINSETTIA AVE STE 2210  
 CITY-ST-ZIP W. PALM BEACH, FL 33407

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

CR2E034 (10/00)

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: *Stefano Colasanti-Emiliani* STEFANO COLASANTI-EMILIANI 03/23/01 (305)285-3458

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #