

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**

05-27-2002 90425 021 \*\*\*150.00

DOCUMENT # P99000010370

1. Entity Name

SETAL GROUP INC

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

367 B ST ARMANDS CIRCLE

3. Mailing Address

367 B ST ARMANDS CIRCLE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State SARASOTA FL

City & State SARASOTA FL

4. FEI Number 63-0890931

Applied For

Not Applicable

Zip 34236

Country USA

Zip 34236

Country USA

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name ALESSANDRO SETTIMI

Street Address (P.O. Box Number is Not Acceptable) 367 B

ST ARMANDS CIRCLE

City SARASOTA

FL

Zip Code 34236

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 PRESIDENT  
NAME ALESSANDRO SETTIMI  
STREET ADDRESS 367 B ST ARMANDS CIRCLE  
CITY-ST-ZIP SARASOTA FL 34236

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VICE PRESIDENT  
NAME RAFAEL MICCIO  
STREET ADDRESS 367 B ST ARMANDS CIRCLE  
CITY-ST-ZIP SARASOTA FL 34236

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALESSANDRO SETTIMI

4-30-02

741-388-4485

Date

Daytime Phone #

CR2E034B (12/01)