

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

02 JUN 18 PM 2:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT# P99000030595

1. Entity Name

CRIBIS Corporation

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2701 North Rocky Point Drive

Suite, Apt. #, etc.

Suite 1100

City &amp; State Tampa, FL

Zip 33607

Country USA

3. Mailing Address

2701 North Rocky Point Drive

Suite, Apt. #, etc.

Suite 1100

City &amp; State Tampa, FL

Zip 33607

Country USA

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4. FFI Number 59-3588305

Applied For

Not

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name Christaldi, Ronald A.

Street Address (P.O. Box Number is Not Acceptable) 101 East Kennedy Blvd.

Suite 3400

City Tampa

FL

Zip Code 33602

DO NOT WRITE  
IN THIS SPACE

8. The above named party 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.

Ronald A. Christaldi, Attorney June 17, 2002

(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 NAME STREET ADDRESS	D Gherardi, Carlo Via Lame 15 40122 Bologna ITALY	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS	D Fraboni, Fabrizio Via Lame 15 40122 Bologna ITALY	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS	D Preti, Marco Via Lame 15 40122 Bologna ITALY	TITLE NAME STREET ADDRESS	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS		TITLE NAME STREET ADDRESS	
TITLE NAME STREET ADDRESS		TITLE NAME STREET ADDRESS	
TITLE NAME STREET ADDRESS		TITLE NAME STREET ADDRESS	

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:

CARLO GHERARDI

04/29/2002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2EO34B (12/01)