

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000043210

1. Entity Name
ESPIGA ITALIA CORP.

FILED
Jun 04, 2001 8:00 am
Secretary of State

06-04-2001 90014 004 ***150.00

0169-034

Principal Place of Business
1674 MERIDIAN AVENUE
SUITE 3
MIAMI BEACH FL 33139

Mailing Address
1674 MERIDIAN AVENUE
SUITE 3
MIAMI BEACH FL 33139



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
844 Alton Rd
Suite, Apt. #, etc.
Suite - Ground Floor
City & State
Miami Bch FL
Zip
33139
Country
USA

3. Mailing Address
844 Alton Road
Suite, Apt. #, etc.
Ground Floor
City & State
Miami Bch FL
Zip
33139
Country
USA

4. FEI Number 65-0919478
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent
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]*
Signature, typed or printed name of registered agent and title if applicable. (NOT Registered Agent's 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**
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

| | | |
|--|---|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PSTD MINK, AARON 1674 MERIDIAN AVENUE MIAMI BEACH FL 33139 | <input type="checkbox"/> Delete |
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 empowerment.

SIGNATURE: *[Signature]*
Signature and typed or printed name of officer or director Date (305) 672-8476 Daytime Phone #

CR2E034 (10/00)