

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2001 8:00 am
Secretary of State

02-08-2001 90168 040 ***150.00

DOCUMENT # P99000058460

1. Entity Name **ITALSPAIN, INC.**

Principal Place of Business
975 Pine Ridge
Naples, Florida 34103

Mailing Address
c/o Lionel Barnet, P.A.
9100 South Dadeland Blvd.
Suite #404
Miami, Florida 33156

619952

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		#59-3584053		Not Applicable	
City & State Naples, Florida		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip 34103	Country USA	Zip	Country Collier				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
SALVATORE DICEMBRINO 2245 Arielle Drive Naples, Florida 34109				Name LIONEL BARNET, P.A.			
				Street Address (P.O. Box Number is Not Acceptable) 9100 South Dadeland Blvd. Suite 404			
				City Miami		Zip Code FL 33156	

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  **LIONEL BARNET** **January 31, 2001**

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) <input type="checkbox"/>	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. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE DIRECTOR/PRES.	<input type="checkbox"/> Delete	TITLE DIRECTOR/PRESIDENT	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TITLE DIRECTOR/PRESIDENT	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TITLE DIRECTOR/PRESIDENT	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME JOSE HOYO		NAME JOSE HOYO		NAME JOSE HOYO		NAME JOSE HOYO	
STREET ADDRESS 4534 N. Hiatus Road		STREET ADDRESS 4534 N. Hiatus Road		STREET ADDRESS 4534 N. Hiatus Road		STREET ADDRESS 4534 N. Hiatus Road	
CITY-ST-ZIP Sunrise, Florida 33351		CITY-ST-ZIP Sunrise, Florida 33351		CITY-ST-ZIP Sunrise, Florida 33351		CITY-ST-ZIP Sunrise, Florida 33351	
TITLE DIRECTOR/PRES./SCTY/T	<input checked="" type="checkbox"/> Delete	TITLE DIRECTOR/VP/SCTY/TRS.	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TITLE DIRECTOR/VP/SCTY/TRS.	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TITLE DIRECTOR/VP/SCTY/TRS.	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME SALVATORE DICEMBRINO		NAME JORGE HOYO		NAME JORGE HOYO		NAME JORGE HOYO	
STREET ADDRESS 2245 Arielle Dr.		STREET ADDRESS 4534 N. Hiatus Road		STREET ADDRESS 4534 N. Hiatus Road		STREET ADDRESS 4534 N. Hiatus Road	
CITY-ST-ZIP Naples, Florida 34109		CITY-ST-ZIP Sunrise, Florida 33351		CITY-ST-ZIP Sunrise, Florida 33351		CITY-ST-ZIP Sunrise, Florida 33351	
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STREET ADDRESS		STREET ADDRESS		STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP		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:  **LIONEL BARNET, Assistant Secretary** **305-670-7887 X2**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)