

2001 UNIFORM BUSINESS REPORT (UBR) *Amended*DOCUMENT # **P99000058460**

1. Entity Name

ITALSPAIN, INC.

Principal Place of Business

**975 PINE RIDGE RD.
NAPLES, FL. 34108**

Mailing Address

**975 PINE RIDGE RD.
NAPLES, FL. 34108**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

**JOSE HOYO
4534 N. HIATUS ROAD
SUNRISE, FL. 33351**

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

*Jose Hoyo, President.**4/27/01*

(Signature of agent or principal name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reappointing)

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.
(See criteria on back)10. Election Campaign Financing
Trust Fund Contribution.\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PD	☐ Delete
NAME	HOYO, JOSE	
STREET ADDRESS	4534 N. HIATUS RD.	
CITY-ST-ZIP	SUNRISE, FL. 33351	
TITLE	DVST	☐ Delete
NAME	HOYO, JORGE	
STREET ADDRESS	4534 N. HIATUS RD.	
CITY-ST-ZIP	SUNRISE, FL. 33351	
TITLE	D	☐ Delete
NAME	HOYO, EDUARDO	
STREET ADDRESS	4534 N. HIATUS RD.	
CITY-ST-ZIP	SUNRISE, FL. 33351	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

*Jose Hoyo - President.**4/27/01**941-269-3041*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)

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