

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90038 047 ***150.00

DOCUMENT # P99000061009

1. Entity Name

ITALMART, CORP.

Principal Place of Business

933 WASHINGTON AVENUE
MIAMI BEACH FL 33139

Mailing Address

933 WASHINGTON AVENUE
MIAMI BEACH FL 33139

2. Principal Place of Business

15276 SW 104 ST

3. Mailing Address

15276 SW 104 ST

Suite, Apt. #, etc.

8-31

Suite, Apt. #, etc.

8-31

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33196

Country

Zip

33196

Country

4. FEI Number

65-0932100

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FERREIRA, MARIA

933 WASHINGTON AVENUE
MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent

Name
GAGLIARDI, MICHELE

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

15276 SW 104 ST #8-31

City

MIAMI

FL

Zip Code

33196

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) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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
FERREIRA, MARIA
933 WASHINGTON AVENUE
MIAMI BEACH FL 33139 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVP
GAGLIARDI, MICHELE
933 WASHINGTON AVE
MIAMI BEACH FL 33139 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPST
GAGLIARDI, MICHELE
15276 SW 104 ST #8-31
MIAMI FL 33196 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVP
RYON, JULIA
15276 SW 104 ST #8-31
MIAMI FL 33196 ☐ Change ☒ Addition

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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, without further like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)