

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90382 049 ***150.00

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AV

DOCUMENT # P99000061009

1. Entity Name
ITALMART, CORP.



Principal Place of Business
**15276 SW 104 STREET
8-31
MIAMI FL 33196**

Mailing Address
**15276 SW 104 STREET
8-31
MIAMI FL 33196**

11038802



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

**8901 SW 142 AVE
Suite, Apt. #, etc.
6-38**

3. Mailing Address

**8901 SW 142 AVE
Suite, Apt. #, etc.
6-38**

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33186

Country

Zip

33186

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

**GAGLIARDI, MICHELE
15276 SW 104 STREET #8-31
MIAMI FL 33196**

7. Name and Address of New Registered Agent

Name

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

**8901 SW 142 AVE
6-38**

City

MIAMI

FL

Zip Code

33186

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

MICHELE GAGLIARDI

04/23/03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **DPST** ☐ Delete
NAME **GAGLIARDI, MICHELLE**
STREET ADDRESS **15276 SW 104 STREET #8-31**
CITY-ST-ZIP **MIAMI FL 33196**

TITLE **DVP** ☐ Delete
NAME **AYON, JULIA**
STREET ADDRESS **15276 SW 104 STREET #8-31**
CITY-ST-ZIP **MIAMI FL 33196**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (IN 11)

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **8901 SW 142 AVE #6-38**
CITY-ST-ZIP **MIAMI FL 33186**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **8901 SW 142 AVE #6-38**
CITY-ST-ZIP **MIAMI FL 33186**

TITLE ☐ Change ☐ Addition
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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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone *

MICHELE GAGLIARDI - PRES **04/23/03 (305) 752-2314**

CR2E034 (10/02)