

FILED
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90113 001 ***150.00
05-19-2002 90113 002 ***150.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P99000062695**

1. Entity Name

HOUSE INT'L THREE INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

826 OCEAN DRIVE

Suite, Apt. #, etc.

3. Mailing Address

**40 GOLDSTEIN, LENIN AVE
1900 NW CORPORATE BLVD**

Suite, Apt. #, etc.

SUITE 300 EAST BLDG

DO NOT WRITE IN THIS SPACE

City & State

MIAMI BEACH, FL

City & State

BOCA RATON, FL

4. FEI Number

65-1020082

Applied For

Not Applicable

Zip

33139

Country

USA

Zip

33431

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name **FILINGS, INC.**

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

3732 N.W. 16TH ST

City

FT. LAUDERDALE

FL

Zip Code

33311

**DO NOT WRITE
IN THIS SPACE**

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) ☐

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

**D
VECCHI, GIORGIO
90 ALTON RD. APT 1910
MIAMI BEACH, FL 33139**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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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 on an attachment with an address, with all other like employees.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GIORGIO VECCHI

Date

4/30/02

Daytime Phone #

305-673-3373

CR2E034B (12/01)