

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90117 002 ***150.00

DOCUMENT # **P990000067582**
 1. Entity Name
Parmalat Gelateria Miami I, Inc ✓

Principal Place of Business Mailing Address
520 Main Ave. 520 Main Ave
Wallington, N.J. Wallington, NJ
07057 07057

2. Principal Place of Business 3. Mailing Address
520 Main Ave 520 Main Ave
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Wallington, N.J. Wallington, NJ
 Zip Country Zip Country
07057 USA 07057 USA

4. FEI Number Applied For
65-0957619 Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 Name
National Corporate Research, LTD, Inc.
 Street Address (P.O. Box Number is Not Acceptable)
1406 Hays Street #2
 City State Zip Code
Tallahassee FL 32301

7. Name and Address of New Registered Agent
 Name
National Corporate Research, LTD, Inc.
 Street Address (P.O. Box Number is Not Acceptable)
1406 Hays Street #2
 City State Zip Code
Tallahassee FL 32301

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. ☐ **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. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	President	<input type="checkbox"/> Delete
NAME	Aldouva	
STREET ADDRESS	520 Main Ave	
CITY - ST - ZIP	Wallington, NJ 07057	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Alnashir Lakha	
STREET ADDRESS	520 Main Avenue	
CITY - ST - ZIP	Wallington, NJ 07057	
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gian Paolo Zini	
STREET ADDRESS	520 Main Ave	
CITY - ST - ZIP	Wallington, NJ 07057	
TITLE	Assistant Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Annuziata Sweeney	
STREET ADDRESS	520 Main Ave	
CITY - ST - ZIP	Wallington, N.J. 07057	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *A. Sweeney* 4/17/01 973-777-2500
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)