

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90029 050 ***150.00

DOCUMENT # P99000073165

1. Entity Name

DI STEFANO INVESTMENTS, CORP.

Principal Place of Business

**854 WEST 47TH STREET
MIAMI BEACH FL 33140**

Mailing Address

**854 WEST 47TH STREET
MIAMI BEACH FL 33140**

2. Principal Place of Business

6061 Collins Ave

3. Mailing Address

6061 Collins Ave

Suite, Apt. #, etc.

Apt 17A

Suite, Apt. #, etc.

Apt 17A

City & State

Miami Beach, FL

City & State

Miami Beach, FL

Zip

33140

Country

USA

Zip

33140

Country

USA

6. Name and Address of Current Registered Agent

**STEFANO, MIGUEL A
854 WEST 47TH STREET
MIAMI BEACH FL 33140**

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

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, 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 | PD | <input type="checkbox"/> Delete |
| NAME | STEFANO, MIGUEL A | |
| STREET ADDRESS | 854 WEST 47TH STREET | |
| CITY-ST-ZIP | MIAMI BEACH FL 33140 | |
| TITLE | STD | <input type="checkbox"/> Delete |
| NAME | STEFANO, ILEANA | |
| STREET ADDRESS | 854 WEST 47TH STREET | |
| CITY-ST-ZIP | MIAMI BEACH FL 33140 | |
| TITLE | VD | <input type="checkbox"/> Delete |
| NAME | STEFANO, MICHELLE A | |
| STREET ADDRESS | 854 WEST 47TH STREET | |
| CITY-ST-ZIP | MIAMI BEACH FL 33140 | |
| 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 6061 Collins Ave. Apt 17A | |
| STREET ADDRESS | Miami Beach, FL 33140 | |
| CITY-ST-ZIP | | |
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 6061 Collins Ave. Apt 17A | |
| STREET ADDRESS | Miami Beach, FL 33140 | |
| CITY-ST-ZIP | | |
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 6039 Collins Ave. Apt 1231 | |
| STREET ADDRESS | Miami Beach, FL 33140 | |
| CITY-ST-ZIP | | |
| 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:

ILEANA STEFANO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/01

Date

(305) 866-6882

Daytime Phone #

CR2E034 (10/00)