

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000076812

1. Entity Name

PONTE VECCHIO U.S.A., INC.

FILED

Apr 18, 2001 8:00 am
Secretary of State

04-18-2001 90034 011 ***150.00

Principal Place of Business

3240 SW 34TH ST., SUITE 810
OCALA FL 34474

Mailing Address

3240 SW 34TH ST., SUITE 810
OCALA FL 34474

2. Principal Place of Business

8550 NW 110th St.

3. Mailing Address

Suite, Apt. #, etc.

City & State

REDDICK

City & State

REDDICK

Zip

32686

Country

FL

Zip

32686

Country

FL

4. FEI Number

59-3602246

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PACI, PAOLO

3240 SW 34TH ST., SUITE 810

OCALA FL 34474

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME PACI, PAOLO
STREET ADDRESS 3240 SW 34TH ST., SUITE 810
CITY-ST-ZIP Ocala FL 34474

☐ Delete

TITLE
NAME
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☐ Change ☐ Addition

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☐ 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/12/01 237-9810

CR2E034 (10/00)