

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90111 017 ***150.00

DOCUMENT # P99000087785

1. Entity Name
TWO MARYS USA, CORP.

Principal Place of Business
5151 COLLINS AVE., UNIT 1219
MIAMI BEACH FL 33140

Mailing Address
5151 COLLINS AVE., UNIT 1219
MIAMI BEACH FL 33140

2. Principal Place of Business

3. Mailing Address

407 LINCOLN RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1215

City & State

City & State

MIAMI BEACH FL

Zip

Country

Zip

33139

Country

DADE

4. FEI Number

APPLIED FOR

65-1016061

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

DI BELLO, HAYDEE' JOSEFINA AMALIA
5151 COLLINS AVE., UNIT 1219
MIAMI BEACH FL 33140

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]

- DIRECTOR

01/17/01

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	PT	<input type="checkbox"/> Delete
NAME	DI BELLO, HAYDEE' J A	
STREET ADDRESS	5151 COLLINS AVE., UNIT 1219	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE	VS	<input type="checkbox"/> Delete
NAME	VERONELLI, FERNANDO	
STREET ADDRESS	5151 COLLINS AVE., UNIT 1219	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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
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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: ☒

[Signature] **- Director**

01/17/01

305-674-9994

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)