

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 04, 2002 8:00 am
Secretary of State

03-04-2002 90039 028 ***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

**407 LINCOLN RD
 125
 MIAMI FL 33139**

2. Principal Place of Business

8415 HARDING AVE

Suite, Apt. #, etc.

City & State

MIAMI BEACH FL

Zip
33141

Country

DADE

3. Mailing Address

407 LINCOLN RD

Suite, Apt. #, etc.

12-5

City & State

MIAMI BEACH

Zip

33139

Country

DADE



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1016061

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
DI BELLO, HAYDEE' JOSEFINA AMALIA
 Street Address (P.O. Box Number is Not Acceptable)
4779 COLLINS AVE STE 1801
MIAMI FL 33140
 City **FL** Zip Code **33140**

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	PT DI BELLO, HAYDEE' J A 5151 COLLINS AVE., UNIT 1219 1801 MIAMI BEACH FL 33140	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS VERONELLI, FERNANDO 5151 COLLINS AVE., UNIT 1219 1801 MIAMI BEACH FL 33140	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT DI BELLO, HAYDEE J A 4779 COLLINS AVE ST 1801 MIAMI BEACH FL 33140	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS VERONELLI FERNANDO 4779 COLLINS AVE ST 1801 MIAMI BEACH 33140	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 an alter ill's empowered.

SIGNATURE:

XIC/AYDEE' J A DI BELLO PRES 3/18/02
 SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)