2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000099039

FILED
May 15, 2000 8:00 am
Secretary of State
05-15-2000 90146 014 ***150.00

1. Entity Name
TERRE DI TOSCANA, INC.

Principal Place of Business	Mailing Address
9153 SW 72 AVENUE SUITE T8 MIAMI FL 33156	9153 SW 72 AVENUE SUITE T8 MIAMI FL 33156-1639

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1688 SW 24TH AVE	1688 SW 24TH AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI, FL	City & State: MIAMI, FL
Zip: 33145 Country: DADE	Zip: 33145 Country: DADE

4. FEI Number 65-0960218 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

~~MANGIAMELI, DANIELE DR~~
9153 SW 72 AVENUE SUITE T8
MIAMI FL 33156

7. Name and Address of New Registered Agent

Name PIETRO PORTOLATTI
Street Address (P.O. Box Number is Not Acceptable) 1688 SW 24TH AVE
City MIAMI FL Zip Code 33145

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] PIETRO PORTOLATTI DATE 03-05-2000
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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, 2000 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	P T	☐ Delete
NAME	TIZIANA DI ROCCO	
STREET ADDRESS	1688 SW 24TH AVE	
CITY-ST-ZIP	MIAMI, FL 33145	
TITLE	V S	☐ Delete
NAME	PETER PORTOLATTI	
STREET ADDRESS	1688 SW 24TH AVE	
CITY-ST-ZIP	MIAMI, FL 33145	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ 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] 03-05-2000 (305) 860 9913
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (9/99)