2000 UNIFORM BUSINESS REPORT (UBR)

5.

FILED
Jun 07, 2000 8:00 am
Secretary of State
05-11-2000 90307 049 ***158.75

DOCUMENT # P99000103270

1. Entity Name

GENTE D'ITALIA, INC.

Principal Place of Business	Mailing Address
199 OCEAN LANE DRIVE APT. 1013 KEY BISCAYNE FL 33149	199 OCEAN LANE DRIVE APT. 1013 KEY BISCAYNE FL 33149

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0964336 ☐ Applied For ☒ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PORPIGLIA, MARIA J
199 OCEAN LANE DRIVE
APT. 1013
KEY BISCAYNE FL 33149

7. Name and Address of New Registered Agent

Name PORPIGLIA DOMENICO

Street Address (P.O. Box Number is Not Acceptable)

199 Ocean Lane Drive Apt. 1013

City Key Biscayne FL Zip Code 33149

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] (PRESIDENT) 4/26/2000
Signature, type 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, 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD PORPIGLIA, MARIA J 199 OCEAN LANE DRIVE KEY BISCAYNE FL 33149	☒ Delete	PD DOMENICO PORPIGLIA 199 Ocean Lane Drive Apt. 1013 Key Biscayne FL 33149	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD PORPIGLIA, MARGARETH 199 OCEAN LANE DRIVE KEY BISCAYNE FL 33149	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (9/99)

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] (PRESIDENT) 4/26/2000 305-3656526
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #