

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 09, 2001 8:00 am  
Secretary of State

04-09-2001 90036 028 \*\*\*158.75

DOCUMENT # P99000103270

1. Entity Name

GENTE D'ITALIA, INC.

Principal Place of Business

199 OCEAN LANE DRIVE  
APT. 1013  
KEY BISCAYNE FL 33149

Mailing Address

199 OCEAN LANE DRIVE  
APT. 1013  
KEY BISCAYNE FL 33149

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

7. Name and Address of New Registered Agent

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

PORPIGLIA, DOMENICO  
199 OCEAN LANE DRIVE  
APT 1013

City KEY BISCAYNE FL Zip 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, 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 PORPIGLIA, DOMENICO  
STREET ADDRESS 199 OCEAN LANE DR APT 1013  
CITY-ST-ZIP KEY BISCAYNE FL 33149 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE TD  
NAME PORPIGLIA, MARGARETH  
STREET ADDRESS 199 OCEAN LANE DRIVE  
CITY-ST-ZIP KEY BISCAYNE FL 33149 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ 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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305-3656518

20180322

CR2E034 (10/00)