

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90481 028 ***150.00

DOCUMENT # P99000103270

1. Entity Name
GENTE D'ITALIA, INC.



Principal Place of Business
**199 OCEAN LANE DRIVE
APT. 1013
KEY BISCAVNE FL 33149**

Mailing Address
**199 OCEAN LANE DRIVE
APT. 1013
KEY BISCAVNE FL 33149**

2. Principal Place of Business

3. Mailing Address

199 OCEAN LANE DRIVE

199 OCEAN LANE DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1013

1013

City & State

City & State

KEY BISCAVNE, FL

KEY BISCAVNE, FL

Zip

Country

Zip

Country

33149

USA

33149

USA

☐ CHECK HERE IF MAKING CHANGES

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, DOMENICO
199 OCEAN LANE DRIVE
APT. 1013
KEY BISCAVNE FL 33149**

Name
FRANCESCA PORPIGLIA
Street Address (P.O. Box Number is Not Acceptable)
199 OCEAN LANE DRIVE # 1013
City
KEY BISCAVNE 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]* **(DOMENICO PORPIGLIA) PD 3/11/03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PORPIGLIA, DOMENICO 199 OCEAN LANE DR APT 1013 KEY BISCAVNE FL 33149	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PORPIGLIA, MARGARETH 199 OCEAN LANE DRIVE KEY BISCAVNE FL 33149	<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

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	SD FRANCESCA PORPIGLIA 199 OCEAN LANE DR KEY BISCAVNE, FL 33149	<input type="checkbox"/> Change <input checked="" 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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **(DOMENICO PORPIGLIA PD) 3/11/03**
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)