FILED
May 09, 2000 8:00 am
Secretary of State
05-09-2000 90143 002 ***150.00

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000109184

1. Entity Name

ITALTEAM ENTERPRISE, CORP.

Principal Place of Business	Mailing Address
1480 BRICKELL AVE STE. #212 MIAMI FL 33131	1480 BRICKELL AVE STE. #212 MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

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

3. Mailing Address / Suite, Apt. #, etc. / City & State / Zip / Country

4. FEI Number 65-0592650 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CHOLOBEL, MICHAEL
1480 BRICKELL AVE
STE. #212
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name

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

City FL Zip Code

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] APRIL 14, 2000

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) ☐

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	☐ Delete
NAME	VENTRICELLI, VINCENZO	
STREET ADDRESS	LARGO F.S. NITTI 39	
CITY-ST-ZIP	70022, ALTAMURA, BARI, ITALY	
TITLE	D	☐ Delete
NAME	GAMBACORTA, LUIGI	
STREET ADDRESS	6801 COLLINS AVE., APT. #919	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
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 / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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(1)(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] VINCENZO VENTRICELLI 04/24/00 305 381-8810

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #