

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000110579

1. Entity Name  
**POMPEI INTERNATIONAL, INC.**

**FILED**  
**Mar 21, 2001 8:00 am**  
**Secretary of State**

03-21-2001 90022 040 \*\*\*158.75

Principal Place of Business

9820 NW 80TH AVE  
BAY # 6-G  
HIALEAH GARDENS FL 33016  
US

Mailing Address

POBA INT'L #1-20076  
PO BOX 02-5255  
MIAMI FL 33102-5255  
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

1272 PEREGRINE WAY

Suite, Apt. #, etc.

City & State

WESTON - FL

Zip

33327

Country

U.S.A.



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1034342

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

FILINGS, INC.  
3732 N.W. 16TH STREET  
FT. LAUDERDALE FL 33311-4132

7. Name and Address of New Registered Agent

Name  
ALFONSO MIRANDA  
Street Address (P.O. Box Number is Not Acceptable)  
1272 PEREGRINE WAY  
City  
Weston FL Zip Code  
33327

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

Director

02/24/01

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

TITLE D ☐ Delete  
NAME ALFONSO, MIRANDA  
STREET ADDRESS 6120 N.W. 183RD TERRACE  
CITY-ST-ZIP MIAMI FL 33015

TITLE D ☐ Delete  
NAME CONETTA, MIRANDA D  
STREET ADDRESS 6120 N.W. 183RD TERRACE  
CITY-ST-ZIP MIAMI FL 33015

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 D ☒ Change ☐ Addition  
NAME ALFONSO MIRANDA  
STREET ADDRESS 1272 PEREGRINE WAY  
CITY-ST-ZIP WESTON-FL 33327

TITLE D ☒ Change ☐ Addition  
NAME CONCETTA MIRANDA  
STREET ADDRESS 1272 PEREGRINE WAY  
CITY-ST-ZIP WESTON-FL 33327

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-24-01 305-5102334

Date

Daytime Phone #

CR2E034 (10/00)