

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S39959

1. Entity Name

FITTIPALDI - EURO FASHIONS, INC.

Principal Place of Business

9700 COLLINS AVENUE
BAL HARBOUR FL 33154

Mailing Address

9700 COLLINS AVENUE
BAL HARBOUR FL 33154-2208

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ZULUEZA, IGNACIO G
6255 BIRD ROAD
MIAMI FL 33155

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, 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, 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	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
D	FITTIPALDI, EMERSON	950 S MIAMI AVE	MIAMI FL 33130-4121	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
P/D	CARLOS DERADO	763 COLLINS AVE., #304	MIAMI BCH FL 33139	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
S	NICAGROS PAEZ	783 COLLINS AVE., #304	MIAMI BCH FL 33139	<input type="checkbox"/>		Milagros Paez	9700 Collins Ave #102	Bal Harbour FL 33154	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	GABRIELA A. PIZZORNI	763 COLLINS AVE., #304	MIAMI BCH FL 33139	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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

Date

Daytime Phone #

03/15/00 (305) 864-77-53

FILED
Mar 21, 2000 8:00 am
Secretary of State

03-21-2000 90030 015 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0270070** ☐ Applied For
☐ Not Applicable

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

CR2E034 (9/99)