

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **S84013**

1. Entity Name

RAVELLO, INC.

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

04-21-2000 90163 011 ***150.00

Principal Place of Business

**8805 SW 132 ST.
MIAMI FL 33176
US**

Mailing Address

**8805 SW 132 ST.
MIAMI FL 33176-5926
US**

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 **65-0285761**

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

**BIBAS, MARISA PISANI
251 CRANDON BLVD., #131
KEY BISCAYNE FL 33149**

Name **BIBAS, MARISA PISANI**

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

7425 S.W. 50th Ct.

City **MIAMI**

FL

Zip Code **33143**

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 *M. P. Bibas*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

APRIL 14, 2000
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 **D** ☐ Delete
NAME **BOCCIA, LUCIA**
STREET ADDRESS **201 CRANDON BLVD., #133**
CITY-ST-ZIP **KEY BISCAYNE FL**
Change of Address

TITLE **BOCCIA, LUCIA** ☒ Change ☐ Addition
NAME **251 CRANDON BLVD. # 324**
STREET ADDRESS **KEY BISCAYNE, FL. 33149**
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **BIBAS, MARISA PISANI**
STREET ADDRESS **251 CRANDON BLVD., #131**
CITY-ST-ZIP **KEY BISCAYNE FL**
Change of address

TITLE **BIBAS, MARISA PISANI** ☒ Change ☐ Addition
NAME **7425 S.W. 50th Ct.**
STREET ADDRESS **MIAMI, FL. 33143**
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **GIANFRANCO, PISANI**
STREET ADDRESS **201 CRANDON BLVD., #133**
CITY-ST-ZIP **KEY BISCAYNE FL 33149**
Change of address

TITLE **GIANFRANCO PISANI** ☒ Change ☐ Addition
NAME **14001 Old Cutler Road**
STREET ADDRESS **MIAMI, FL. 33158**
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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:

M. P. Bibas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 14, 2000
Date

(305) 252-9889
Daytime Phone #

CR2E034 (9/99)