

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S84013

1. Entity Name
RAVELLO, INC.

FILED
Apr 20, 2001 8:00 am
Secretary of State

04-20-2001 90193 040 ***150.00

Principal Place of Business
8805 SW 132 ST.
MIAMI FL 33176
US

Mailing Address
8805 SW 132 ST.
MIAMI FL 33176
US

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country

City & State
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
BIBAS, MARISA PISANI
251 CRANDON BLVD., #131
KEY BISCAYNE FL 33149

Please note

7. Name and Address of New Registered Agent
Name: BIBAS, MARISA PISANI
Street Address (P.O. Box Number is Not Acceptable)
101 CRANDON BLVD., # 178
City KEY BISCAYNE 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.
SIGNATURE Marisa P. Bibas HARISA P. BIBAS (SECRETARY) APRIL 16, 2001
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, 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 NAME STREET ADDRESS CITY-ST-ZIP	D BOCCIA, LUCIA 251 CRANDON BLVD. #324 KEY BISCAYNE FL 33149	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BIBAS, MARISA PISANI 251 CRANDON BLVD., #131 KEY BISCAYNE FL	<input type="checkbox"/> Delete Change of Address
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GIANFRANCO, PISANI 201 CRANDON BLVD., #133 KEY BISCAYNE FL 33149	<input type="checkbox"/> Delete Change of Address
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARISA ASANI BIBAS 101 CRANDON BLVD. #178 KEY BISCAYNE, FL. 33149	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GIANFRANCO PISANI 14001 OLD CUTLER RD. MIAMI, FL. 33158	<input checked="" 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Marisa P. Bibas APRIL 16 2001 (305) 252-9889
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)