

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S98807

1. Entity Name

D & D FLORIDA HOLDING COMPANY, INC.

**FILED**  
May 03, 2001 8:00 am  
Secretary of State

05-03-2001 90079 014 \*\*\*150.00

Principal Place of Business

Mailing Address

~~% 200 S. BISCAYNE BLVD., SUITE 4815~~  
~~MIAMI FL 33131~~

~~% 200 S. BISCAYNE BLVD., SUITE 4815~~  
~~MIAMI FL 33131~~

2. Principal Place of Business

1548 Brickell Ave.

3. Mailing Address

1548 Brickell Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

65-0307514

Applied For

Not Applicable

Zip

33129-1210

Country

USA

Zip

33129-1210

Country

USA

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

~~PIERO SALUSSOLIA~~

~~200 SOUTH BISCAYNE BLVD., SUITE 4815~~  
~~MIAMI FL 33131~~

Name

Salussolia, Piero

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

1548 Brickell Ave.

City  
Miami

FL

Zip Code

33129-1210

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DPT ☐ Delete  
NAME SALUSSOLIA, PIERO  
STREET ADDRESS 200 S. BISCAYNE BLVD., SUITE 4815  
CITY-ST-ZIP MIAMI FL 33131

TITLE DPT ☐ Change ☐ Addition  
NAME SALUSSOLIA, PIERO  
STREET ADDRESS 1548 BRICKELL AVE.  
CITY-ST-ZIP MIAMI, FL 33129-1210

TITLE S ☐ Delete  
NAME BOLOGNA, STEFANIA  
STREET ADDRESS 200 S. BISCAYNE BLVD., SUITE 4815  
CITY-ST-ZIP MIAMI FL 33131

TITLE S ☐ Change ☐ Addition  
NAME BOLOGNA STEFANIA  
STREET ADDRESS 1548 BRICKELL AVE.  
CITY-ST-ZIP MIAMI, FL 33129-1210

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

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:

*Stefania Bologna*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEFANIA BOLOGNA

Date

04/27/01

305-373-7016  
Daytime Phone #

CR2E034 (10/00)