

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90162 012 ***150.00

DOCUMENT # V25566

1. Entity Name

HERSH . VITALINI . CORAZZINI, P.A.



Principal Place of Business
300 ARGON AVENUE
SUITE 330
CORAL GABLES FL 33134
US

Mailing Address
300 ARGON AVENUE
SUITE 330
CORAL GABLES FL 33134
US



2. Principal Place of Business

300 Aragon Ave.

Suite, Apt. #, etc.

Suite 330

City & State

Coral Gables, Fl.

Zip

33134

Country

USA

3. Mailing Address

300 Aragon Ave.

Suite, Apt. #, etc.

Suite 330

City & State

Coral Gables, Fl.

Zip

33134

Country

USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-0324695

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORAZZINI, PABLO
1901 BRICKELL AVE
#1005
MIAMI FL 33129

7. Name and Address of New Registered Agent

Name

Pablo Corazzini

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

1865 Brickell Ave.

Apt. # A - 1814

City

Miami,

FL

Zip Code

33129

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature of the registered agent or the person authorized to change the registered agent or office, if applicable.

Pablo Corazzini
Managing Member

4-15-03

DATE

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **CORAZZINI, PABLO**
STREET ADDRESS **1901 BRICKELL AVE- #1005**
CITY-ST-ZIP **MIAMI FL 33129**

TITLE **D** ☐ Delete
NAME **VITALINI, LUIGI**
STREET ADDRESS **1901 BRICKELL AVE- #1005**
CITY-ST-ZIP **MIAMI FL 33129**

TITLE **D** ☐ Delete
NAME **BURTON, HERSH**
STREET ADDRESS **1901 BRICKELL AVE- #1005**
CITY-ST-ZIP **MIAMI FL 33129**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition
NAME **Pablo Corazzini**
STREET ADDRESS **1865 Brickell Ave., A-1814**
CITY-ST-ZIP **Miami, Fl. 33129**

TITLE **D** ☒ Change ☐ Addition
NAME **Luigi Vitalini**
STREET ADDRESS **6925 SW 63rd Ct.**
CITY-ST-ZIP **S. Miami, Fl. 33143**

TITLE **D** ☒ Change ☐ Addition
NAME **Burton Hersh**
STREET ADDRESS **7130 Laurel Lane**
CITY-ST-ZIP **Miami Lakes, Fl. 33014**

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

12. 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 registered trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

Pablo Corazzini
Managing Member

4-15-03

305-567-0602

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0231966 AV

CR2E034 (10/02)