

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 11, 2001 8:00 am**  
**Secretary of State**

05-11-2001 90071 009 \*\*\*150.00

**DOCUMENT # V61563**

1. Entity Name

**MAPA INVESTMENTS, INC.**

Principal Place of Business

**4343 WEST FLAGLER STREET  
 SUITE 505  
 MIAMI FL 33134  
 US**

Mailing Address

**200 SOUTH BISCAYNE BLVD.  
 SUITE 4815  
 MIAMI FL 33134  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

**1548 BRICKELL AVE.**

Suite, Apt. #, etc.

City & State

City & State

**MIAMI, FL**

4. FEI Number

**65-0358428**

Applied For

Not Applicable

Zip

Country

Zip

Country

**33129-1210**

**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

**SALUSSOLIA, PIERO**

**200 SOUTH BISCAYNE BLVD., STE. 4815  
 MIAMI FL 33134**

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

**PIERO SALUSSOLIA**

**04/26/01**

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 **DPTS** ☐ Delete  
 NAME **ZERBONE, ALEX**  
 STREET ADDRESS **4343 WEST FLAGLER STREET, STE. 505**  
 CITY-ST-ZIP **MIAMI FL 33134**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**ALESSANDRO ZERBONE**

**04/26/01**

**305-461-3264**

Date

Daytime Phone #

CR2E034 (10/00)