2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

DOCUMENT #

P00000030814

1. Entity Name P9 INC.

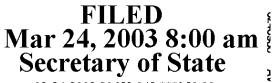


Principal Place of Business 1625 ALTON RD. MIAMI FL 33139

Mailing Address

1625 ALTON RD. MIAM! FL 33139

2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	·



03-24-2003 90653 042 ***150.00



Ш	CHECK	HERE	II-	MAKING	CHANGES

City & State		City & State		4. FEI Number 65-1008901			Applied For
	T			05 1000301			Not Applicable
Zip	Country	Zìp	Country	5. Certificate of Status Desired			Additional uired

6. Name and Address of Current Registered Agent

CARNIATO, STEFANO

2699 COLLINS AVENUE **SUITE 141**

MIAMI BEACH FL 33140

7.	Name	and	Address	of Ne	w	Registered Agent

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

City

(NOTE: Registered Agent signature required when reinstating)

Name

Zip Code

☐ Change

DATE

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

П

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.

11,

TITLE

☐ Delete

☐ Delete

SIGNATURE

10.

TITLE

FILE NOW!!! FEE IS \$150.00

Signature, typed or printed name of registered agent and title if applicable.

OFFICERS AND DIRECTORS

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

☐ Addition

CARNIATO, STEFANO NAME NAME 2699 COLLINS AVENUE, SUITE 141 STREET ADDRESS STREET ADDRESS MIAMI BEACH FL 33140 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-7/P

CITY-ST-ZIP

TITI E

NAME

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 supplied 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 of the 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 attach

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

NAME

☐ Change

☐ Addition