2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

FILED Mar 20, 2000 8:00 am Secretary of State DOCUMENT # F9600003046 1. Entity Name SNAIDERO INTERNATIONAL USA, INC. 03-20-2000 90058 027 ***150.00 SNAIDERD U.S.A. Principal Place of Business Mailing Address 201 W, 132ND ST. 201 W. 132ND ST. LOS ÁNGELES CA 90061-1622 LOS ANGELES CA 90061 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Citý & State City & State 95-3980130 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PETRILLI, GIULIO Street Address (P.O. Box Number is Not Acceptable) 2860 PERSHING ST. 2860 PERSHING ST 1855 GRIFFINLAD #B-390 HOLLYWOOD FL 33020 DANIA FL 33004 CityHOLCY WOOD 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. CONTROUTR (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** Mav Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Delete Change Addition TITLE SNAIDERO, DARIO NAME STREET ADDRESS STREET ADDRESS 201 W 132ND ST C!TY-ST-ZIP CITY-ST-ZIP LOS ANGELES CA 90061 Change Addition ☐ Delete TITLE NAME SNAIDERO, DARIO STREET ADDRESS STREET ADDRESS 201 W. 132ND ST CITY-ST-7IP CITY-ST-ZIP LOS ANGELES CA ☐ Change ☐ Addition ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 13. Thereby 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