

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 MAY 30 AM 11:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

0003671

DOCUMENT # **L98000001798**

1. Entity Name  
**GAVERINA U.S.A., L.C.**

|  |   |
|--|---|
| Principal Place of Business<br><b>7400 CENTER BAY DRIVE<br/>MIAMI BEACH FL 33141</b> | Mailing Address<br><b>7400 CENTER BAY DRIVE<br/>MIAMI BEACH FL 33141-4014</b> |
|--|---|

|   |  |
|---|--|
| 2. Principal Place of Business<br><b>1001 BRICKELL BAY DR.<br/>Suite, Apt. #, etc.<br/>SUITE 1508</b> | 3. Mailing Address<br><b>SAME</b><br>Suite, Apt. #, etc. |
|---|--|

|                                      |                        |                                    |                               |
|--------------------------------------|------------------------|------------------------------------|-------------------------------|
| City & State<br><b>MIAMI FLORIDA</b> | City & State           | 4. FEI Number<br><b>65-0903154</b> | Applied For<br>Not Applicable |
| Zip<br><b>33131</b>                  | Country<br><b>DADE</b> | Zip                                | Country                       |



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**NIGRELLI, ANTONIO**  
**7400 CENTER BAY DRIVE**  
**MIAMI BEACH FL 33141**

7. Name and Address of New Registered Agent

Name  
**NIGRELLI ANTONINO**  
Street Address (P.O. Box Number is Not Acceptable)  
**1001 BRICKELL BAY DR. SUITE 1508**  
City **MIAMI** FL Zip Code **33131**

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 *Antonino Nigrelli* **MANAGER** DATE **4/26/00**  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS

|   |  |
|---|--|
| TITLE<br><b>MGRM</b>                                      | <input checked="" type="checkbox"/> Delete |
| NAME<br><b>NIGRELLI, ANTONIO</b>                          |  |
| STREET ADDRESS<br><b>7400 CENTER BAY DRIVE</b>            |  |
| CITY-ST-ZIP<br><b>MIAMI BEACH FL 33141</b>                |  |
| TITLE<br><b>MGRM</b>                                      | <input type="checkbox"/> Delete            |
| NAME<br><b>NIGRELLI ANTONINO</b>                          |  |
| STREET ADDRESS<br><b>1001 BRICKELL BAY DR. SUITE 1508</b> |  |
| CITY-ST-ZIP<br><b>MIAMI FL 33131</b>                      |  |
| TITLE   | <input type="checkbox"/> Delete            |
| NAME  |  |
| STREET ADDRESS  |  |
| CITY-ST-ZIP   |  |
| TITLE   | <input type="checkbox"/> Delete            |
| NAME  |  |
| STREET ADDRESS  |  |
| CITY-ST-ZIP   |  |
| TITLE   | <input type="checkbox"/> Delete            |
| NAME  |  |
| STREET ADDRESS  |  |
| CITY-ST-ZIP   |  |

10. ADDITIONS/CHANGES

|   |   |
|---|---|
| TITLE                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |   |
| STREET ADDRESS<br><b>500003293105--2</b>    |   |
| CITY-ST-ZIP<br><b>-06/16/00--01004--006</b> |   |
|   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|   |   |
|   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|   |   |
|   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|   |   |
|   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|   |   |
|   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|   |   |
|   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|   |   |

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Antonino Nigrelli* **MANAGER** DATE **4/26/00** DAYTIME PHONE # **305-970-5546**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER