

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 28, 2002 8:00 am**  
**Secretary of State**

01-28-2002 90022 014 \*\*\*150.00

**DOCUMENT # L99000008036**

1. Entity Name  
**PIANEGONDA USA, LLC**

Principal Place of Business  
**10275 COLLINS AVENUE, SUITE 1222**  
**BAL HARBOR FL 33154**

Mailing Address  
**10275 COLLINS AVENUE, SUITE 1222**  
**BAL HARBOR FL 33154**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0963713**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MINK, AARON**  
**844 ALTON ROAD GROUND FLOOR**  
**MIAMI BEACH FL 33139**

Name **Aaron Mink**  
 Street Address (R.O. Box Number is Not Acceptable)  
**1556 Alton Road**  
 City **Miami Bch** **FL** Zip Code **33139**

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 

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete  
 NAME **PIANEGONDA, FRANCO**  
 STREET ADDRESS **10275 COLLINS AVENUE, SUITE 1222**  
 CITY-ST-ZIP **BAL HARBOR FL 33154**

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

TITLE **MGR** ☐ Delete  
 NAME **PIANEGONDA, MARIA L**  
 STREET ADDRESS **10275 COLLINS AVENUE, SUITE 1222**  
 CITY-ST-ZIP **BAL HARBOR FL 33154**

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

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: 

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**1/25/02**

CR2E083 (9/01)