

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

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90354 027 ***150.00

DOCUMENT # **P39551** ✓
1. Entity Name
BULGARI CORPORATION OF AMERICA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
730 S AVENUE
Suite, Apt. #, etc.
5 FLOOR

3. Mailing Address
SAME
Suite, Apt. #, etc.

City & State
NYC NY

City & State

Zip
10019

Country
USA

Zip

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number
133351199

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
CORPORATION-SERVICE-COMPANY

Street Address (P.O. Box Number is Not Acceptable)
1201 HAYES STREET

City
TALLAHASSEE FL

Zip Code
32301

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 _____
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)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING DIRECTOR PATRICK DUCHAMP 730 S AVE NY NY 10019
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C.E.O. FRANCESCO TRAPANI LUNGOTEVERE MARZETTI II 00186 ROMA ITALY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY GERARDO PAVIA 600 MADISON AVE NY NY 10022
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICER CYNTHIA FISCHER 600 MADISON AVE NY NY 10022
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FINANCE DIRECTOR ALFRED LEDNARDI 730 S AVE NY NY 10019
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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

SIGNATURE: Alfred Lednardi **4/23/02** **212 6320 507**
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)