FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Feb 03, 2001 8:00 am Secretary of State DOCUMENT # **P97000034313** 1. Entity Name GE. VA & COMPANY USA INC. 02-03-2001 90068 045 ***150.00 Principal Place of Business Mailing Address 1001 BRICKELL BAY DRIVE, #1508 1001 BRICKELL BAY DRIVE. #1508 MIAMI FL 33131 MIAM! FL 33131 LIS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0748712 Not Applicable 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 PIZZUTO, ANGELO Street Address (P.O. Box Number is Not Acceptable) 1001 BRICKELL BAY DRIVE, #1508 **MIAMI FL 33131** Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. **PSTD** TITLE ☐ Delete TITLE PIZZUTO, ANGELO NAME NAME 1001 BRICHELL BAY DR. # 1508 STREET ADDRESS 1001 BRICKELL BAY DRIVE, #1508 STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33131** CITY-ST-ZIP NIAMI ☐ Change Delete TITI F TITLE GIUSEPPE VALENTINO NAME NAME 1001 BENELIEU BAY DR. # 1508 STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP MISMI PL TITLE TITLE ☐ Delete NAME NAME VALENTINODA - #-1508 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE TITLE ☐ Delete FIOUANNA VALENTINO 1001 BRICHELL BAY DR. # 1508 NAME NAME GIOUDNNA STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PL 33,31 CITY-ST-ZIP **Addition** TITLE ☐ Delete TITLE Change NCARLO UALENTINO NAME NAME BRICHELL BAY DR. # 1508 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

SIGNATURE: SIGNATURE AND TYPED OR PRINTS NAME OF SIGNING OFFICER OR DIRECTOR PREJ. 1/29/200, (305) 536-01

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

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 Block 12 if