

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000070333

1. Entity Name

CONIGLIO USA, INC.

**FILED**  
**Apr 19, 2000 8:00 am**  
**Secretary of State**

04-19-2000 90091 015 \*\*\*150.00

Principal Place of Business      Mailing Address  
 8740 S.W. 63RD COURT      8740 S.W. 63RD COURT  
 MIAMI FL 33143      MIAMI FL 33143-8067

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number **65-0870102**      Applied For  
 Not Applicable

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



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

ROBLES, GABRIEL  
 8740 S.W. 63RD COURT  
 MIAMI FL 33143

Name **ROBLES CLAUDIO**  
 Street Address (P.O. Box Number is Not Acceptable)  
**8740 SW 63 CT.**  
 City **MIAMI**      FL      Zip Code **33143**

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 **Claudio Robles, President**      DATE **04/01/00**  
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)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**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**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>ROBLES, GABRIEL</b>	
STREET ADDRESS	<b>2333 BRICKELL AVENUE SUITE 2807</b>	
CITY-ST-ZIP	<b>MIAMI FL 33129</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ROBLES, CLAUDIO</b>	
STREET ADDRESS	<b>8740 S.W. 63RD COURT</b>	
CITY-ST-ZIP	<b>MIAMI FL 33143</b>	
TITLE	<b>PT</b>	<input type="checkbox"/> Delete
NAME	<b>ROBLES, CLAUDIO</b>	
STREET ADDRESS	<b>8740 SW 63RD CT</b>	
CITY-ST-ZIP	<b>MIAMI FL 33143</b>	
TITLE	<b>VDS</b>	<input type="checkbox"/> Delete
NAME	<b>GRYGIEL, NANCY</b>	
STREET ADDRESS	<b>8740 SW 63RD CT</b>	
CITY-ST-ZIP	<b>MIAMI FL 33143</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"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Block 12 if changed, or on an attachment with an address, with all other information empowered.

SIGNATURE: **C. Robles**      DATE **04/01/00**      Daytime Phone # **305 665 7102**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2F034 (9/99)