

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 30, 2002 8:00 am**  
**Secretary of State**

0842293 SP

**DOCUMENT # F00000004848**

**1. Entity Name**  
**BANCA SELLA S.P.A.**

04-30-2002 90182 043 \*\*\*158.75

**Principal Place of Business**      **Mailing Address**  
**801 BRICKELL AVNEUE STE 1970**      **801 BRICKELL AVNEUE STE 1970**  
**MIAMI FL 33131**      **MIAMI FL 33131**



DO NOT WRITE IN THIS SPACE

**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**      **65-1041815**      **Applied For**  
 Not Applicable  
**5. Certificate of Status Desired**            **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
**BANCA SELLA MIAMI AGENCY**  
**801 BRICKELL AVNEUE STE 1970**  
**MIAMI FL 33131**

**7. Name and Address of New Registered Agent**  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

**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** \_\_\_\_\_

**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, 2002 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>GM</b> <b>DAL VERME, ANNIBALE</b> <b>801 BRICKELL AVNEUE STE 1970</b> <b>MIAMI FL 33131</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VCD</b> <b>SELLA, LODOVICO</b> <b>REGIONE SAN GEROLAMO 1</b> <b>13900 BIELLA, ITALY</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VCSO</b> <b>SELLA, FRANCO</b> <b>VIA VARELLI 3</b> <b>13900 BIELLA, ITALY</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C</b> <b>BIGIORDI, GUIDO</b> <b>STRADA DEI CAMPI 40</b> <b>BIELLA, ITALY 13900</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CEO</b> <b>SELLA, MAURIZIO</b> <b>REGIONE SAN GEROLAMO 1</b> <b>13900 BIELLA, ITALY</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CEO</b> <b>PANICO, ENZO</b> <b>VIA PIETRO MICCA 14</b> <b>BIELLA, ITALY 13900</b> <input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>GM</b> <b>CHRISTIE, SARA</b> <b>801 BRICKELL AVNEUE STE 1970</b> <b>MIAMI, FL 33131</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>OK</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>BIGIORDI, GUIDO</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE 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 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 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 like empowered.**

**SIGNATURE:** \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Sara Christie**  
**Vice President**  
**General Manager**  
 Date: **04/16/02**      Daytime Phone #: **(305) 539-1000**

CR2E034 (9/01)