

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000001462

1. Entity Name
SCALA NORTH AMERICA, INC.

FILED
Aug 24, 2000 8:00 am
Secretary of State

08-24-2000 90034 020 ***550.00

Principal Place of Business
**% EDWARDS & ANGELL
901 INTERNATIONAL PARKWAY STE 300
HEATHROW FL 32746**

Mailing Address
**% EDWARDS & ANGELL
901 INTERNATIONAL PARKWAY STE 300
HEATHROW FL 32746**



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 65-0658776		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ANGELL CORPORATE SERVICES, INC.
% EDWARDS & ANGELL
250 ROYAL PALM WAY #300
PALM BCH FL 33480**

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 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. <input type="checkbox"/> (See criteria on back)		FILE NOW!!! FEE IS \$550.00 After SEPTEMBER 13, 2000 Min. will be \$750.00 Make Check Payable to Department of State
10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOKOL, ALBERT L	NAME	
STREET ADDRESS	%EDWARDS & ANGELL, 101 FEDERAL ST	STREET ADDRESS	
CITY-ST-ZIP	BOSTON MA 02110	CITY-ST-ZIP	
TITLE	DPT <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LYNCH, KEVIN	NAME	BUEK, KATHRYN
STREET ADDRESS	350 THEODORE FREMD AVE #300	STREET ADDRESS	901 INTERNATIONAL PARKWAY, STE 300
CITY-ST-ZIP	RYE NY	CITY-ST-ZIP	HEATHROW, FL 32746
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LONGMAN, MICHAEL	NAME	
STREET ADDRESS	OKTOBER 6, UTCA 7 III FLOOR	STREET ADDRESS	
CITY-ST-ZIP	BUDAPEST HU	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOULE, CHRISTOPHER	NAME	
STREET ADDRESS	OKTOBER 6, UTCA 7 III FLOOR	STREET ADDRESS	
CITY-ST-ZIP	BUDAPEST HU	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 like empowered.

SIGNATURE: *Kathryn Buek* **SIGNATURE REQUIRED** 7/11/00 407 333 8829
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/00)