

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **F96000001462**

1. Entity Name

SCALA NORTH AMERICA, INC.

FILED
Jan 28, 2002 8:00 am
Secretary of State

01-28-2002 90013 050 ***150.00

Principal Place of Business

300 INTERNATIONAL PKWY
STE 230
HEATHROW FL 32746

Mailing Address

300 INTERNATIONAL PKWY
STE 230
HEATHROW FL 32746

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

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ANGELL CORPORATE SERVICES, INC.
ONE NORTH CLEMATIS STREET
SUITE 400
WEST PALM BEACH FL 33401-0000

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.
(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 **S**
NAME SOKOL, ALBERT L
STREET ADDRESS %EDWARDS & ANGELL, 101 FEDERAL ST
CITY-ST-ZIP BOSTON MA 02110

Delete

TITLE **D**
NAME HOULE, CHRISTOPHER
STREET ADDRESS OKTOBER 6, UTC A 7 III FLOOR
CITY-ST-ZIP BUDAPEST HU

Delete

TITLE **D**
NAME HAAS, ERIK
STREET ADDRESS 300 INTERNATIONAL PKWY STE 230
CITY-ST-ZIP LAKE MARY FL 32746

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

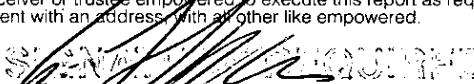
12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D**
NAME MIKE BURDETT
STREET ADDRESS SCALA HOUSE, GATWICK RD
CITY-ST-ZIP CRAWLEY, WEST SUSSEX, RH10 2RJ, UK.

Change Addition

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 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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)