FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED

02 JUL 30 AM 10:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F96000001467

1. Entity Name

SCALA NORTH AMERICA, INC.

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
300 International PKwy Suite, Apt. #, etc. # 230	SAME Suite, Apt. #, etc.
City & State HEATHROW, FL	City & State
Zip / Country 32746 / USA	Zip / Country

4. FEI Number 65-0658776 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: ARGELL CORPORATE SERVICES, INC.

Street Address (P.O. Box Number is Not Acceptable): 100 N. CLEMATIS ST.

#400

City: WEST PALM BEACH, FL Zip Code: 33401

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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	C/O EDWARDS & ANGELL, 101 FEDERAL ST.
CITY-ST-ZIP	BOSTON, MA 02110
TITLE	D
NAME	HAAS, ERIK
STREET ADDRESS	300 INTERNATIONAL PKWY, # 230
CITY-ST-ZIP	LAKE MARY, FL 32746
TITLE	D
NAME	BURDETT, MIKE
STREET ADDRESS	SCALA HOUSE, GATWICK RD.
CITY-ST-ZIP	CRAWLEY, WEST SUSSEX, RH102RJ, UK
TITLE	D
NAME	HUNTER, CATHIE
STREET ADDRESS	300 INTERNATIONAL PKWY, #230
CITY-ST-ZIP	LAKE MARY, FL 32746
TITLE	
NAME	
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CR2E034B (12/01)

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

SIGNATURE: _____ 7/18/02 407-333-8829
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

7/31/02