

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2003 8:00 am
Secretary of State

04-29-2003 90048 007 ***150.00

DOCUMENT # F96000002389

1. Entity Name
MERZARIO USA, INC.



Principal Place of Business
**8410 NW 53RD TERRACE
SUITE 211 BLDG MONTERREY
MIAMI FL 33166**

Mailing Address
**8410 NW 53RD TERRACE
SUITE 211 BLDG MONTERREY
MIAMI FL 33166**

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

13-3166524

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**HALLEY, THOMAS V
240 CRANDON BLVD
SUITE 283
KEY BISCAVNE FL 33149**

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. I am familiar with, and accept the obligations of registered agent:

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **CELLINI, SALVATORE M**
STREET ADDRESS **VIA TEOCRITO 36**
CITY-ST-ZIP **MILANO ITALY**

TITLE **T** ☒ Delete
NAME **VIG, SUSHIL KUMAR**
STREET ADDRESS **24 PINE AVENUE**
CITY-ST-ZIP **SOUTH AMBOYN NJ 08879**

TITLE **EVP** ☒ Delete
NAME **MONGERI, GIORGIO**
STREET ADDRESS **320 EAST 46TH STREET, APT 20A**
CITY-ST-ZIP **NEW YORK NY 10017**

TITLE **S** ☐ Delete
NAME **GORI-MONTANELLI, RICCARDO**
STREET ADDRESS **600 MADISON AVENUE**
CITY-ST-ZIP **NEW YORK NY 10022**

TITLE **AS** ☐ Delete
NAME **PAVIA, GEORGE M**
STREET ADDRESS **600 MADISON AVENUE**
CITY-ST-ZIP **NEW YORK NY 10022**

TITLE **D** ☐ Delete
NAME **MELE, MARIO**
STREET ADDRESS **VIA G TADINI 4/6**
CITY-ST-ZIP **VIDOLASCO, ITALY**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Change ☒ Addition
NAME **MATTIA LEIDI**
STREET ADDRESS **VIA CADOLINI, 26**
CITY-ST-ZIP **MILANO, ITALY**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **EVP** ☐ Change ☒ Addition
NAME **CARLO BATTISTON**
STREET ADDRESS **159 CHRISTOPHER ST., APT. 11**
CITY-ST-ZIP **NEW YORK, NY 10014**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/23/03

Date

212-425-5775

Daytime Phone #

CR2E034 (10/02)