

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 16, 2002 8:00 am
Secretary of State

09-16-2002 90099 024 ***550.00

DOCUMENT # F98000006613

1. Entity Name
DEROMA U.S.A., INC.

Principal Place of Business

8820 NW 15TH STREET
 MIAMI FL 33172

Mailing Address

8820 NW 15TH STREET
 MIAMI FL 33172

2. Principal Place of Business

8820 NW 15 ST

Suite, Apt. #, etc.

3. Mailing Address

8820 NW 15 ST

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

13-3669383

Applied For

Not Applicable

Zip

33172

Country

USA

Zip

33172

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

CAVINATO, STEFANO
336 VENATION WAY
MIAMI FL 33139

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

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 **C** ☐ Delete
 NAME **CISCATO, VALENTINO**
 STREET ADDRESS **VIA PASUBIO 17**
 CITY-ST-ZIP **36034 MALO (VI) ITALY**

TITLE **PD** ☒ Delete
 NAME **CISCATO, STEFANO**
 STREET ADDRESS **8880 N W 15TH STREET**
 CITY-ST-ZIP **MIAMI FL 33172**

TITLE **V** ☐ Delete
 NAME **MASELLO, FRANCO**
 STREET ADDRESS **VIA PASUBIO 17**
 CITY-ST-ZIP **36034 MALO (VI) ITALY**

TITLE **S** ☒ Delete
 NAME **HORENTE, MARCELO**
 STREET ADDRESS **8880 N W 15TH STREET**
 CITY-ST-ZIP **MIAMI FL 33172**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE **P** ☒ Change ☐ Addition
 NAME **CAVINATO STEFANO**
 STREET ADDRESS **8880 NW 15 ST**
 CITY-ST-ZIP **MIAMI, FL 33172**

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

TITLE ☐ Change ☐ Addition
 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

09/16/02

CR2E034 (4/02)