

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F.99000002784

1. Entity Name

CDC USA
DBA: CDC USA of South Florida, INC
154-09-146th Ave - JAMAICA NY. 11434

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

02 MAR 21 PM 2:22

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

83-90-NW 53RD ST

Suite, Apt. #, etc.

318

City & State

MIAMI, FLORIDA

Zip

33166

Country

3. Mailing Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

11-3321159

Applied For

Not Applicable

5. Certificate of Status Desired

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\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

ANTONIO S. ROSADO

Street Address (P.O. Box Number is Not Acceptable)

83-90-NW 53RD ST.

Suite 318

City

MIAMI

FL

Zip Code

33166

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

3/19/02

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

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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.

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\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT MASSIMO LOLLİ LEGHORN, ITALY 57123 - LIVORNO ITALY	TITLE NAME STREET ADDRESS CITY-ST-ZIP	900005169139--3 -03/26/02--01045--008 ****158.75 ****158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President ANTONIO S. ROSADO 154-09-146th Ave JAMAICA, NY. 11434	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director MARCO ORLANDI LEGHORN, ITALY 57123 - LIVORNO ITALY	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR STEFANO BASSINI LEGHORN, ITALY 57123 - LIVORNO ITALY	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	3/3/21
TITLE NAME STREET ADDRESS CITY-ST-ZIP		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)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/19/02