

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000000922

1. Entity Name

CAMM U.S.A., LLC

Principal Place of Business

3406 HEATHER TERRACE
LAUDERHILL FL 33319

Mailing Address

3406 HEATHER TERRACE
LAUDERHILL FL 33319

2. Principal Place of Business

3300 NW 21ST ST

3. Mailing Address

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

Zip

33142

Country

USA

Zip

Country

4. FEI Number

65-0976656

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ZANI, IVONNE
3406 HEATHER TERRACE
LAUDERHILL FL 33319

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.

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 \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE: MANAGER ☐ Delete
NAME: CESARE ASTUNI
STREET ADDRESS: 3300 NW 21ST ST.
CITY-ST-ZIP: MIAMI, FL 33142

TITLE: MANAGER ☐ Delete
NAME: ALESSIO ASTUNI
STREET ADDRESS: 3300 NW 21ST ST
CITY-ST-ZIP: MIAMI, FL 33142

TITLE: MANAGER ☐ Delete
NAME: IVONNE ZANI
STREET ADDRESS: 3406 HEATHER TERRACE
CITY-ST-ZIP: LAUDERHILL, FL 33319

TITLE: MEMBER ☐ Delete
NAME: CAMM SRL (AN ITALIAN CORP.)
STREET ADDRESS: VIA TONIOLO 11C - 18/20
CITY-ST-ZIP: FANO (PC) - 61032 - ITALY

TITLE: MEMBER ☐ Delete
NAME: CAMM MANAGEMENT, LLC
STREET ADDRESS: 3406 HEATHER TERRACE
CITY-ST-ZIP: LAUDERHILL, FL 33319

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

10. ADDITIONS/CHANGES

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

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

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

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

FILED

2001 JUN -7 PM 4:23

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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*****55.00 *****55.00

☐ Change ☐ Addition

42

IVONNE ZANI 4/30/01 954-2327004