

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 12, 2001 8:00 am**  
**Secretary of State**

05-12-2001 90050 039 \*\*\*150.00

**DOCUMENT # L28413**

1. Entity Name  
**GASISOTTAME, INC.**

Principal Place of Business <b>4 RUE DE NEUCHATEL          CH2034 PESEUX NEUCHATEL          SWITZERLAND SW 00000          US</b>	Mailing Address <b>4 RUE DE NEUCHATEL          CH2034 PESEUX NEUCHATEL          SWITZERLAND SW 00000          US</b>
---	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number <b>59-3000948</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**GEORGE E., HOVIS  
 481 EAST HIGHWAY 50  
 P.O. BOX 120848  
 CLERMONT FL 34712-0848**

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: \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**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 P	<input type="checkbox"/> Delete <b>CATTARUZZA, BRUNO</b> 4 RUE DE NEUCHATEL CHCH2034 PESEUX SW
TITLE V/P	<input type="checkbox"/> Delete <b>CATTARUZZA, CLAUDETTE M</b> 4 RUE DE NEUCHATEL CH2034 PESEUX SW
TITLE S/D	<input type="checkbox"/> Delete <b>CATTARUZZA, JEAN-MARC J</b> 4 RUE DE NEUCHATEL CH2034 PESEUX SW
TITLE T/D	<input type="checkbox"/> Delete <b>CATTARUZZA, OSWALDO S</b> 22, VIA S.FOCA/ SERDRANO DI SAN QUIRINO PROV.PORDENONE IT
TITLE D	<input type="checkbox"/> Delete <b>CATTARUZZA, ARIANNA</b> 22, VIA S.FOCA/ SEDRANO DI SAN QUIRINO PROV.PORDENONE IT
TITLE	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *George E. Hovis* **4.26.2001**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)