2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED
01 MAY -1 PM 5:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000093 AF

DOCUMENT # L99000000546

1. Entity Name
PIERO SALUSSOLIA PROPERTIES MANAGEMENT L.C.

Principal Place of Business	Mailing Address
~~200 SOUTH BISCAYNE BLVD., SUITE 4815~~ ~~MIAMI FL 33131~~	~~200 SOUTH BISCAYNE BLVD., SUITE 4815~~ ~~MIAMI FL 33131~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1548 BRICKELL AVE.	1548 BRICKELL AVE.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI, FL	City & State: MIAMI, FL
Zip: 33129--1210 Country: USA	Zip: 33129-1210 Country: USA

4. FEI Number 65-0891751 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

SALUSSOLIA, PIERO
~~200 SOUTH BISCAYNE BLVD., SUITE 4815~~
~~MIAMI FL 33131~~

7. Name and Address of New Registered Agent

Name: SALUSSOLIA, PIERO
Street Address (P.O. Box Number is Not Acceptable): 1548 BRICKELL AVE.
City: MIAMI FL Zip Code: 33129-1210

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: _____ PIERO SALUSSOLIA 04/26/01
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			10. ADDITIONS / CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~MGR~~ ~~SALUSSOLIA, PIERO~~ ~~200 SOUTH BISCAYNE BLVD., SUITE 4815~~ ~~MIAMI FL 33131~~	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR CATTANEO, ALESSIA 1548 BRICKELL AVE. ~~MIAMI, FL 33129-1210~~	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR CATTANEO, ALESSIA ~~200 SOUTH BISCAYNE BLVD., SUITE 4815~~ ~~MIAMI FL 33131~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E083 (11/00)

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: Alessia Cattaneo 04/26/01 305-373-7016
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #