

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000008036

1. Entity Name

PIANEGONDA USA, LLC

Principal Place of Business

10275 COLLINS AVENUE, SUITE 1222  
BAL HARBOR FL 33154

Mailing Address

10275 COLLINS AVENUE, SUITE 1222  
BAL HARBOR FL 33154

FILED

01 JUL -2 AM 8:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 65-0963713

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

MINK, AARON  
10275 COLLINS AVENUE, SUITE 1222  
BAL HARBOR FL 33154

7. Name and Address of New Registered Agent

Name Aaron Mink  
Street Address (P.O. Box Number is Not Acceptable) 844 Alton Road Ground Floor  
City Miami Beach FL Zip Code 33139

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]* AARON MINK

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  
Due By September 26, 2001

400004475614--2  
-07/16/01--01004--020  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS/MANAGERS

TITLE MGR  
NAME PIANEGONDA, FRANCO  
STREET ADDRESS 10275 COLLINS AVENUE, SUITE 1222  
CITY-ST-ZIP BAL HARBOR FL 33154 ☐ Delete

TITLE MGR  
NAME PIANEGONDA, MARIA L  
STREET ADDRESS 10275 COLLINS AVENUE, SUITE 1222  
CITY-ST-ZIP BAL HARBOR FL 33154 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

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

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

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

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

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

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

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

*[Signature]* AARON MINK

6/29/01

305-672-8476

Date

Daytime Phone #

CR2E083 (5/01)

STAPLE CHECK HERE