

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90008 013 ****50.00

DOCUMENT # L99000008036



1. Entity Name
PIANEGONDA USA, LLC

Principal Place of Business Mailing Address
10275 COLLINS AVENUE, SUITE 1222 **10275 COLLINS AVENUE, SUITE 1222**
BAL HARBOR FL 33154 **BAL HARBOR FL 33154**

2. Principal Place of Business 3. Mailing Address
1556 Alton Road **1556 Alton Road**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Miami Beach FL **Miami Beach FL**
 Zip Country Zip Country
33139 USA **33139 USA**

4. FEI Number **65-0963713** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$5.00** Additional
 Fee Required



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
MINK, AARON
1556 ALTON ROAD
MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent
 Name **Franco Pianegonda**
 Street Address (P.O. Box Number is Not Acceptable)
1556 Alton Road
 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PIANEGONDA, FRANCO 10275 COLLINS AVENUE, SUITE 1222 BAL HARBOR FL 33154 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PIANEGONDA, MARIA L 10275 COLLINS AVENUE, SUITE 1222 BAL HARBOR FL 33154 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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]* **3/26/03** **305 672-8476**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)