

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 26, 2001 08:00 AM**
Secretary of State**DOCUMENT # P00000044828**1. Entity Name
CANTIERE NAVALE ANTAGO USA, INC.

Principal Place of Business

2051 NW 11TH STREET

MIAMI
33125

FL

Mailing Address

2051 NW 11TH STREET

MIAMI
33125

FL

2. Principal Place of Business

2051 NW 11 ST

Suite, Apt. #, etc.
SUITE 203City & State
MIAMI

FL

Zip
33125Country
US

3. Mailing Address

2051 NW 11 ST

Suite, Apt. #, etc.
SUITE 203City & State
MIAMI

FL

Zip
33125Country
US

DO NOT WRITE IN THIS SPACE

4. FEI Number

Applied For

☒ Not Applicable5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

COSTABEL ATILIO M
2051 NW 11TH STREETMIAMI
33125

FL

7. Name and Address of New Registered Agent

Name

EZCURRA DANIEL CV/S

Street Address (P.O. Box Number is Not Acceptable)
2051 NW 11 ST

SUITE 203

City
MIAMI

FL

Zip Code
33125

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 **EZCURRA, DANIEL C.****04/26/2001**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete
NAME	GRAVAGNO SEBASTIANO G	
STREET ADDRESS	33 RUE DU PORTIERE	
CITY-ST-ZIP	MONTECARLO PRINCIPAUTE OF MO	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	V/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EZCURRA DANIEL CV/S	
STREET ADDRESS	2051 NW 11 ST - SUITE 203	
CITY-ST-ZIP	MIAMI FL 33125	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POMA ANDRE MP	
STREET ADDRESS	2051 NW 11 ST - SUITE 203	
CITY-ST-ZIP	MIAMI FL 33125	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: **EZCURRA, DANIEL C.**

V/S

04/26/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)