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# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Jun 08, 2001 8:00 am**
**Secretary of State**
05-16-2001 90050 004 ***150.00

DOCUMENT # P00000046802

1. Entity Name
COGNATI USA, INC.
D/B/A VALENTINO BOUTIQUE

| Principal Place of Business | Mailing Address |
|---|---|
| 375 12TH AVENUE S. NAPLES FL 34102 | 478 BAYFRONT PLACE NAPLES, FL 34102 |
| | 375 12TH AVENUE S. NAPLES FL 34102 |
| | 1470 ROYAL PALM SQUARE BLVD FORT MYERS FL 33919 |

7296

DO NOT WRITE IN THIS SPACE

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

4. FEI Number 65-1017821 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| FAGA, ANTONIO ESQ.<br>375 12TH AVENUE S.<br>NAPLES FL 34102 | Name: MARVIN METHENY CPA<br>Street Address (P.O. Box Number is Not Acceptable): 1470 ROYAL PALM SQUARE BLVD<br>City: FORT MYERS FL Zip Code: 33919 |

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 _____ 5/4/01
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 | | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>PFIEL, RICHARD<br>685 KATEMORE LANE<br>NAPLES FL 34108 | ☐ Delete | ☑ Change ☐ Addition<br>W 3478 HIGHMEADOW RD<br>LAKE GENEVA, WI 53147 | |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>PFIEL, MARY JO<br>685 KATEMORE LANE<br>NAPLES FL 34108 | ☐ Delete | ☑ Change ☐ Addition<br>W 3478 HIGHMEADOW RD.<br>LAKE GENEVA, WI 53147 | |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>COLEMAN, WILLIAM<br>11 BLUEBILL AVENUE #905<br>NAPLES FL 34108 | ☐ Delete | ☑ Change ☐ Addition<br>4940 WESTCHESTER CT #3704<br>NAPLES, FL 34105 | |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>COLEMAN, SUSAN<br>11 BLUEBILL AVENUE #905<br>NAPLES FL 34108 | ☐ Delete | ☑ Change ☐ Addition<br>4940 WESTCHESTER CT #3704<br>NAPLES, FL 34105 | |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | ☐ Change ☐ Addition | |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | ☐ Change ☐ Addition | |

CR2E034 (10/00)

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:** _____ 5/4/01 _____ 954-939-2233
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #