

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90370 041 ***150.00

DOCUMENT # P00000049414

1. Entity Name

GATTO ASTUCCI LATIN AMERICA INC.

Principal Place of Business

**2355 NW 107TH AVENUE, SUITE 2M57, BOX 106
 MIAMI FL 33172**

Mailing Address

**2355 NW 107TH AVENUE, SUITE 2M57, BOX 106
 MIAMI FL 33172**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2335 NW 107 Avenue

3. Mailing Address

2335 NW 107 Avenue

Suite, Apt. #, etc.

Suite 2m57, Box 106

Suite, Apt. #, etc.

Box 106, Suite 2m57

City & State

Miami, FL

City & State

Miami FL

4. FEI Number

651009361

Applied For

Not Applicable

Zip

33172

Country

Zip

33172

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**RANKIN, JANE C ESQ.
 KUBICKI DRAPER
 ONE EAST BROWARD BLVD., SUITE 1600
 FORT LAUDERDALE FL 33301**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 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 **D** ☐ Delete
 NAME **LAL, ANIL**
 STREET ADDRESS **2355 NW 107TH AVENUE, SUITE 2M57, BOX 106**
 CITY-ST-ZIP **MIAMI FL 33172**

TITLE **D** ☐ Delete
 NAME **SILVESTRO, FABRIZIO D**
 STREET ADDRESS **32040 DOMEGGE DE CADORE (BL)**
 CITY-ST-ZIP **VIA RISORGIMENTO 23 ITALY**

TITLE **D** ☐ Delete
 NAME **WAGMEISTER, LORENZO**
 STREET ADDRESS **32040 DOMEGGE DE CADORE (BL)**
 CITY-ST-ZIP **VIA RISORGIMENTO 23 ITALY**

TITLE **D** ☐ Delete
 NAME **LOMBARDI, ENZO**
 STREET ADDRESS **VIA PIGNAN, 14**
 CITY-ST-ZIP **35017 LEVADA (PD) ITALY**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)