

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 26, 2002 8:00 am
Secretary of State

03-26-2002 90010 022 ***150.00

DOCUMENT # **P 00000049414**

1. Entity Name

GATTO ASTUCCI LATIN AMERICA, INC.

DO NOT WRITE IN THIS SPACE

B0050330

2. Principal Place of Business

475 NE 50 Terrace

Suite, Apt. #, etc.

3. Mailing Address

475 NE 50 Terrace

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Miami, FL

Zip

33137

Country

USA

City & State

Miami, FL

Zip

33137

Country

USA

4. FEI Number

05-1009361

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

**DO NOT WRITE
IN THIS SPACE**

M. K. Summitt, Esq.
4501 West McNab Rd., Suite 15
Pompano Beach, FL 33069

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent or both.

SIGNATURE

M. K. Summitt, Esq.

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

(NOTE: Registered Agent signature required when reinstating)

3/12/2002

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY - ST - ZIP
D FABRIZIO DE SILVESTRO Italy
Via Risorgimento 23
Domegge de Cadore (TL) 32040

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Lorenzo Wagner
Via Risorgimento 23 Italy
Domegge de Cadore (TL) 32040

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Vincenzo Lombardi
Via Pignan, 14
Levada (PD) 35017 Italy

TITLE
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STREET ADDRESS
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IN THIS SPACE**

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 on an attachment with an address, with an agent like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FABRIZIO DE SILVESTRO

02/27/2002

DATE

305 751-1120

DAYTIME PHONE #

CR2E034B (12/01)