

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000049982

1. Entity Name

PEA HOLDING, INC.

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 AUG 27 PM 12:54

Principal Place of Business

~~200 S. Biscayne Blvd.~~  
~~Suite 4815~~  
~~Miami, FL 33131~~

Mailing Address

~~200 S. Biscayne Blvd.~~  
~~Suite 4815~~  
~~Miami, FL 33131~~

2. Principal Place of Business

1548 Brickell Ave.

Suite, Apt. #, etc.

3. Mailing Address

1548 Brickell Ave.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

65-1022458

Applied For

Not Applicable

Zip

33129-1210

Country

USA

Zip

33129-1210

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

~~Salussolia, Piero~~  
~~200 S. Biscayne Blvd.~~  
~~Suite 4815~~  
~~Miami, FL 33131~~

7. Name and Address of New Registered Agent

Name

SALUSSOLIA, PIERO

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

1548 BRICKELL AVE.

City

MIAMI

FL

Zip Code

33129-1210

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

PIERO SALUSSOLIA

08/21/01

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

TITLE ☐ Delete  
NAME DVPT  
STREET ADDRESS SALUSSOLIA, PIERO  
CITY-ST-ZIP 1548 BRICKELL AVE.  
MIAMI, FL 33129-1210

TITLE ☐ Delete  
NAME DP  
STREET ADDRESS FIAMBERTI, EUGENIO  
CITY-ST-ZIP 300 S. POINT DRIVE APT. 3506  
MIAMI BEACH, FL 33139

TITLE ☐ Delete  
NAME VPS  
STREET ADDRESS DALLE MOLLE, ALDO  
CITY-ST-ZIP 300 SOUTH POINT DRIVE APT. 3506  
MIAMI BEACH, FL 33129-1210

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 300004571513--0  
CITY-ST-ZIP -09/06/01--01016--005  
\*\*\*\*\*61.25 \*\*\*\*\*61.25

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

TITLE ☐ Change ☐ Addition  
NAME VP  
STREET ADDRESS DALLE MOLLE, ALDO  
CITY-ST-ZIP 300 SOUTH POINT DRIVE APT. 3506  
MIAMI BEACH, FL 33139

TITLE ☐ Change ☐ Addition  
NAME S  
STREET ADDRESS MANCA, MARCELLA  
CITY-ST-ZIP 1548 BRICKELL AVE.  
MIAMI, FL 33129-1210

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

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:

Marcella Manca Secretary

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/21/01

Date

305-373-7016

Daytime Phone #

CR2F034 (11/00)