

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

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90463 030 ***163.75

DOCUMENT # *P01000034190*

1. Entity Name

SIGEST U.S.A., Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
235 S. Ft.Lauderdale Beach Blvd.

Suite, Apt. #, etc.

3. Mailing Address
235 S. Ft.Lauderdale Beach Blvd.

Suite, Apt. #, etc.

City & State
Fort Lauderdale, Florida

City & State
Fort Lauderdale, Florida

4. FEI Number 651093650

Applied For
Not Applicable

Zip
33316

Country
USA

Zip
33316

Country
USA

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name Leonardo Baldi

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

519 Antioch Ave.

City Fort Lauderdale

FL Zip Code
33316

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when registering)

3/11/2003

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☒

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

P Leonardo Baldi
519 Antioch Ave.
Fort Lauderdale FL 33316

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

S Silvia Ficca
519 Antioch Ave.
Fort Lauderdale, FL, 33316

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

VP Paolo Ottazzi
Corso Savona 355/363
Asti, Italy, 14100

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

12. 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 10 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

Day and Phone #

3/11/03 354-463-7677

CR2E034B (12/02)