

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2002 8:00 am**  
**Secretary of State**

04-01-2002 90010 039 \*\*\*150.00

**DOCUMENT # PO1000066558**

1. Entity Name  
**COMETTO USA, INC.**

Principal Place of Business  
**19390 COLLINS AVE STE 701**  
**SUNNY ISLES BEACH FL 33160**

Mailing Address  
**19390 COLLINS AVE STE 701**  
**SUNNY ISLES BEACH FL 33160**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**1301 NE MIAMI GARDENS DR**  
 Suite, Apt. #, etc.  
**APT. 1415W**  
 City & State  
**MIAMI, FL**  
 Zip  
**33179-4765** Country

3. Mailing Address  
**1301 NE MIAMI GARDENS DR**  
 Suite, Apt. #, etc.  
**APT. 1415W**  
 City & State  
**MIAMI, FL**  
 Zip  
**33179-4765** Country

4. FEI Number  
**65-1126470** Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**ROZENTAL, ANA**  
**2030 N.E. 203 STREET**  
**MIAMI FL 33179**

**7. Name and Address of New Registered Agent**

Name  
**DANIEL BENGT**  
 Street Address (P.O. Box Number is Not Acceptable)  
**40 HLC**  
**2525 N STATE RD. 7, #115**  
 City  
**HOLLYWOOD** FL Zip Code  
**33021**

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]*

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

(NOTE: Registered Agent signature required when re-registering)

**3/4/02**  
 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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MONTERO, RICARDO A</b> <b>19390 COLLINS AVE STE 701</b> <b>SUNNY ISLES BEACH FL 33160</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MONTERO, RICARDO A</b> <b>1301 NE MIAMI GARDENS DR, # 1415W</b> <b>MIAMI, FL 33179</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E034 (9/01)