

AMENDED

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

06-09-2003 90121 033 *****61.25
P02000013844
FILED

03 JUN 12 PM 12:41

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

DOCUMENT # P02000013844

1. Entity Name

PIETRA, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

320 San Lorenzo Ave.

3. Mailing Address

320 San Lorenzo Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Shop No. 1250

Shop No. 1250

City & State

Coral Gables, FL

City & State

Coral Gables, FL

DO NOT WRITE IN THIS SPACE

Zip

33146

Country

USA

Zip

33146

Country

USA

4. FEI Number

020594542

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name Noreen U. Gagliani

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

320 San Lorenzo Ave., Shop No. 1250

City Coral Gables

FL

Zip Code
33146

**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 reappointing)

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 PT
NAME Noreen U. Gagliani
STREET ADDRESS 320 San Lorenzo Ave., Shop No. 1250
CITY-ST-ZIP Coral Gables, FL 33146

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VS
NAME Clementina M. Stollenwerck
STREET ADDRESS 320 San Lorenzo Ave., Shop No. 1250
CITY-ST-ZIP Coral Gables, FL 33146

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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)(f), 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: Noreen U. Gagliani
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06/05/2003
Date

Daytime Phone #

CR2E0348 (12/02)