

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

03-17-2003 90474 009 \*\*\*150.00

**DOCUMENT # P02000026305**

1. Entity Name  
**SIENA USA CORP.**



Principal Place of Business  
**8315 SW 72 AVENUE APT. #208  
MIAMI FL 33143**

Mailing Address  
**8315 SW 72 AVENUE APT. #208  
MIAMI FL 33143**



2. Principal Place of Business

**8002 SW 81 Dr**

Suite, Apt. #, etc.

3. Mailing Address

**8002 SW 81 Dr**

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State  
**MIAMI FL**

City & State  
**MIAMI FL**

4. FEI Number  
**01-0621815**

Applied For  
☐ Not Applicable

Zip  
**33143**

Country  
**DADE**

Zip  
**33143**

Country  
**DADE**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**APRUZZESE, GERARDO  
8315 SW 72 AVENUE APT. #208  
MIAMI FL 33143**

Name

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

**8002 SW 81 Dr**

City  
**MIAMI**

FL

Zip Code  
**33143**

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

*[Signature]*  
(NOTE: Registered Agent signature required when reinstating)

**03/10/03**  
DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete  
NAME **APRUZZESE, ALESSIO**  
STREET ADDRESS **8315 SW 72 AVENUE APT. #208**  
CITY-ST-ZIP **MIAMI FL 33143**

TITLE **PD** ☐ Change ☒ Addition  
NAME **CARBONE, LEONARDO**  
STREET ADDRESS **8002 SW 81 Dr**  
CITY-ST-ZIP **MIAMI FL 33143**

TITLE **VPD** ☐ Delete  
NAME **APRUZZESE, GERARDO**  
STREET ADDRESS **8315 SW 72 AVENUE APT. #208**  
CITY-ST-ZIP **MIAMI FL 33143**

TITLE **VPD** ☒ Change ☐ Addition  
NAME **APRUZZESE, GERARDO**  
STREET ADDRESS **8002 SW 81 Dr**  
CITY-ST-ZIP **MIAMI FL 33143**

TITLE **VPD** ☒ Delete  
NAME **APRUZZESE, TERESA**  
STREET ADDRESS **8315 SW 72 AVENUE APT. #208**  
CITY-ST-ZIP **MIAMI FL 33143**

TITLE **D** ☒ Change ☐ Addition  
NAME **APRUZZESE, ALESSIO**  
STREET ADDRESS **8002 SW 81 Dr**  
CITY-ST-ZIP **MIAMI FL 33143**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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 reports 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 Block 11 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

**03/10/03**

Date

Daytime Phone #

CR2E034 (10/02)