

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 23, 2002 8:00 am**  
**Secretary of State**

05-23-2002 90129 028 \*\*\*158.75

**DOCUMENT # P15883**

1. Entity Name  
**METECNO, INC.**

Principal Place of Business  
**405 FENTRESS BOULEVARD**  
**DAYTONA BEACH FL 32114-1207**

Mailing Address  
**405 FENTRESS BOULEVARD**  
**DAYTONA BEACH FL 32114-1207**

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2841458**

Applied For  
 Not Applicable

Zip Country

Zip Country

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

## 6. Name and Address of Current Registered Agent

**VEZZA, MR. CARLO**  
**405 FENTRESS BLVD**  
**DAYTONA BEACH FL 32114-8299**

## 7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable.

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	PD	<input checked="" type="checkbox"/> Delete
NAME	SASTRI, M.S.	
STREET ADDRESS	405 FENTRESS BLVD	
CITY-ST-ZIP	DAYTONA BCH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MORANDI, MAURIZIO	
STREET ADDRESS	VIA PER CASSINO 19	
CITY-ST-ZIP	TRIBIANO IT	
TITLE	SDV	<input checked="" type="checkbox"/> Delete
NAME	PRASAD, B.K.	
STREET ADDRESS	2 LANSING SQ #401	
CITY-ST-ZIP	TORONTO, ONTARIO CA	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Add
NAME	FURRER, H.	
STREET ADDRESS	BLEICHERWEG 33	
CITY-ST-ZIP	POSTFACH 656 ZURICH, CH	

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

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	ASST. SEC, CONT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VEZZA, C.	
STREET ADDRESS	405 FENTRESS BLVD.	
CITY-ST-ZIP	DAYTONA BEACH, FL.	
TITLE	CFO, SEC.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BALAKRISHNAN, V.	
STREET ADDRESS	405 FENTRESS BLVD.	
CITY-ST-ZIP	DAYTONA BEACH, FL.	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NEGRO, F.	
STREET ADDRESS	VIA PER CASSINO 19	
CITY-ST-ZIP	TRIBIANO, MILAN, ITALY	

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**  
 MR. Carlo Vezza

4-29-02 (386) 255-5391

Date Daytime Phone #

CR2E034 (9/01)