

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90198 043 ***150.00

DOCUMENT # P93000068704

1. Entity Name
CHIAMPESAN (USA), INC.



Principal Place of Business
1500 SAN REMO AVENUE
180
CORAL GABLES FL 33146
US

Mailing Address
1500 SAN REMO AVENUE
SUITE 180
CORAL GABLES FL 33146
US



2. Principal Place of Business
800 CLAUGHTON IS. DR.
Suite, Apt. #, etc.
2005

3. Mailing Address
P.O. Box # 430853
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
MIAMI FL

City & State
MIAMI FL

4. FEI Number **65-0450873**

Applied For
Not Applicable

Zip
33131 Country
U.S.A.

Zip
33243 Country
U.S.A.

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

M & W AGENTS, INC.
BOCA CORPORATE CENTER
2101 CORPORATE BLVD STE 107
BOCA RATON FL 33437-7343

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

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) 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 NAME STREET ADDRESS CITY-ST-ZIP	PDST CHIAMPESAN, GIOVANNI 800 CLAUGHTON ISLAND #2005 MIAMI FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHIAMPESAN, ANNA M 800 CLAUGHTON ISLAND #2005 MIAMI FL 33131	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Anna M. Chiampesan* **ANNA M. CHIAMPESAN** **01.13.03**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/02)