

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90070 009 ***150.00

02/20/2001 AV

DOCUMENT # P94000049046

1. Entity Name

PAM POTTERY, INC.

Principal Place of Business

**8880 NW 15 ST
MIAMI FL 33172
US**

Mailing Address

**8880 NW 15 ST
MIAMI FL 33172
US**

2. Principal Place of Business

8880 NW 15 ST
Suite, Apt. #, etc.

3. Mailing Address

8880 NW 15 ST
Suite, Apt. #, etc.

City & State

Miami FL

City & State

Miami FL

Zip

33172

Country

U.S.

Zip

33172

Country

U.S.

4. FEI Number

65-0513590

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**LLORENTE, MARCE LO
2625 COLLINS AVE
#607
MIAMI BEACH FL 33140**

7. Name and Address of New Registered Agent

Name **Stefano Cavinato**
Street Address (P.O. Box Number is Not Acceptable)
8880 NW 15 ST
City **Miami** FL Zip Code **33172**

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

(NOTE: Registered Agent signature required when reinstating)

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	<input type="checkbox"/> Delete
P	CAVINATO, STEFANO	245 FIFTH AVE	NEW YORK NY 10016	<input type="checkbox"/>
VP	LLORENTE, MARCELO	2625 COLLINS AVE #607	MIAMI BEACH FL 33140	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
M	Erick Maclea	8880 NW 15 ST	Miami, FL 33172	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)