

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91069 050 ***550.00

0495105

DOCUMENT # P96000073143

1. Entity Name

BRAZZOLI OF THE AMERICAS, INC.

Principal Place of Business

**MIAMI INTERNATIONAL COMMERCE CENTER
 2001 NORTHWEST 79TH AVENUE
 MIAMI FL 33126**

Mailing Address

**MIAMI INTERNATIONAL COMMERCE CENTER
 2001 NORTHWEST 79TH AVENUE
 MIAMI FL 33126**

A0063001



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

159 BARLEY PARK LANE 159 BARLEY PARK LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Building 1, Unit C

Building 1, Unit C

City & State

City & State

MOORESVILLE, N.C.

MOORESVILLE, N.C.

Zip

Country

Zip

Country

28115

U.S.A.

28115

U.S.A.

4. FEI Number

65-0696778

Applied For

Not Applicable

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

**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301**

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

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE CP ☐ Delete
 NAME CANZIANI, NICOLA
 STREET ADDRESS VIA MARCONI 22 / 21052 BUSKO ARSIZIO
 CITY-ST-ZIP ITALY

TITLE ☐ Change ☒ Addition
 NAME **ST Di FRANCESCO, MARIO**
 STREET ADDRESS **VIA Edison No.14 / 20026 Novate Milanese**
 CITY-ST-ZIP **MILAN, Italy**

TITLE D ☐ Delete
 NAME BRAZZOLI, GIANPIETRO
 STREET ADDRESS VIA LONGO NO. 7/A / 20030 SENAGO (MI)
 CITY-ST-ZIP ITALY

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

TITLE DV ☐ Delete
 NAME MELOCCHI, LOUIS J
 STREET ADDRESS 1046 HARVARD ROAD
 CITY-ST-ZIP MONROEVILLE PA 15146

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

TITLE ST ☒ Delete
 NAME MCCARTNEY, ROBERT C
 STREET ADDRESS 600 GRANT ST., 42ND FLOOR
 CITY-ST-ZIP PITTSBURGH PA 15219

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

TITLE S ☒ Delete
 NAME FINKEL, HOWARD A
 STREET ADDRESS 1324 FIRWOOD DRIVE
 CITY-ST-ZIP PITTSBURGH PA 15243

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

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: **Louis J. Melocchi (Louis J. Melocchi)** 5-3-01 (412)856-8216

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)