

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 23, 2002 8:00 am
Secretary of State

07-23-2002 90334 048 ***550.00

DOCUMENT # P96000073143

1. Entity Name
BRAZZOLI OF THE AMERICAS, INC.

Principal Place of Business

**159 BARLEY PARK LANE
 BUILDING 1, UNIT C
 MOORESVILLE NC 28115**

Mailing Address

**159 BARLEY PARK LANE
 BUILDING 1, UNIT C
 MOORESVILLE NC 28115**

00151555



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1046 HARVARD ROAD

3. Mailing Address

1046 HARVARD ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Monroeville, PA

City & State

Monroeville, PA

4. FEI Number

65-0696778

Applied For

Not Applicable

Zip

15146

Country

USA

Zip

15146

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

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

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

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 \$550.00
 After September 13, 2002 Fee will be \$750.00
 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 **CP** ☐ Delete
 NAME **CANZIANI, NICOLA**
 STREET ADDRESS **VIA MARCONI 22 / 21052 BUSKO ARSIZIO**
 CITY-ST-ZIP **ITALY**

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

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

TITLE **ST** ☐ Delete
 NAME **DI FRANCESCO, MARIO**
 STREET ADDRESS **VIA EDISON, NO. 14/20026 NOUNTE MILANES**
 CITY-ST-ZIP **MILAN, ITALY**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 16, 2002

Date

412-856-8216

Daytime Phone #

CR2E034 (4/02)