

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

01-27-2003 90140 049 ***150.00

DOCUMENT # P96000073143

1. Entity Name
BRAZZOLI OF THE AMERICAS, INC.



Principal Place of Business
**1046 HARVARD RD
MONROEVILLE PA 15146**

Mailing Address
**1046 HARVARD RD
MONROEVILLE PA 15146**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0696778**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

☐ CHECK HERE IF MAKING CHANGES

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. 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

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
**CP
CANZIANI, NICOLA
VIA MARCONI 22 / 21052 BUSKO ARSIZIO
ITALY** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
CANZIANI, NICOLA
VIA MARCONI 22/21052
Busto Arsizio, Italy** ☒ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DV
Melocchi, Louis D.
1422 Eagle Nest
Monroeville, PA 15146** ☐ Change ☒ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CP
Melocchi, Louis J.
1046 Harvard Road** ☒ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ST
Melocchi, Michael L.
247 Quinby Road, Apartment A
ROCHESTER, NY 14623** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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: **Louis J. Melocchi**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JANUARY 22, 2003 412-856-8216
Date Daytime Phone #

CR2E034 (10/02)