

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 17, 2003 8:00 am**  
**Secretary of State**

03-17-2003 91077 015 \*\*\*150.00

**DOCUMENT # P96000085399**

1. Entity Name  
**RAV EQUIPMENT U.S.A., INC.**



Principal Place of Business  
C/O B.V. MAZZEO & CO, CPA  
8900 SW 117 AVE SUITE B-104  
MIAMI, FL 33186 US

Mailing Address  
C/O B.V. MAZZEO & CO, CPA  
8900 SW 117 AVE SUITE B-104  
MIAMI, FL 33186 US

**90053536**



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
**C/O B.V. MAZZEO & CO, CPAs**  
Suite, Apt. #, etc.  
**13501 SW 128 St. Unit 103**  
City & State  
**MIAMI, FL**  
Zip  
**33186**  
Country  
**U.S.**

3. Mailing Address  
**C/O B.V. MAZZEO & CO, CPAs**  
Suite, Apt. #, etc.  
**13501 SW 128 St. Unit 103**  
City & State  
**MIAMI, FL**  
Zip  
**33186**  
Country  
**U.S.**

4. FEI Number  
**65-0706384**  
Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent  
**COSTABEL, ATTILIO M**  
**14 NE 1ST AVENUE, SUITE 1105-1**  
**MIAMI, FL 33132**

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 *Santi Silvano* **SANTI SILVANO - DIRECTOR** **05.03.2003**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating) DATE

**FILE NOW!!! FEB IS \$160.00**  
**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	<b>D</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>SANTI, ING. SILVANO</b>		NAME		
STREET ADDRESS	<b>VIA 1 MAGGIO N. 3, 40044 PONTECCHIO</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>MARCONI, BOLOGNA (ITALY),</b>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: *Santi Silvano* **SANTI SILVANO-DIRECTOR** **05.03.2003**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)