

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State
 05-13-2002 90082 008 ***150.00

DOCUMENT # P97000037802

1. Entity Name
 CARONI U.S.A., INC.

Principal Place of Business

5910 E COLONIAL DR
 ORLANDO FL 32807
 US

Mailing Address

5910 E COLONIAL DR
 ORLANDO FL 32807
 US

2. Principal Place of Business

3. Mailing Address
 2716 Evelyn Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
 APOPKA Florida

Zip

Country

Zip

Country

32703 ORANGE

4. FEI Number 59 344 6418

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

CLARETTI, CLAUDIO J
 1032 DOUGLAS AVE
 ALTAMONTE SPRINGS FL 32714

7. Name and Address of New Registered Agent

Name Wilson W. Clarette

Street Address (P.O. Box Number is Not Acceptable)

2750 Brandon Circle

City APOPKA, FL 32703 **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]*
 Signature, typed or printed name of registered agent and title if applicable.

Director

2- -02

(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 D **NAME** CLARETTI, CLAUDIO J ☒ **Delete**
STREET ADDRESS 2716 EVELYN DRIVE
CITY-ST-ZIP APOPKA FL 32703

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 Wilson W. Clarette
STREET ADDRESS 2750 Brandon Circle
CITY-ST-ZIP APOPKA, FL 32703

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

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

TITLE ☐ **Change** ☐ **Addition**
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 all other like empowered.

SIGNATURE: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Director

407 6945048

Date

Daytime Phone #

CR2E034 (9/01)