

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90267 034 ***158.75

DOCUMENT # P97000051211

1. Entity Name
PIGNA AMERICA, INC.



Principal Place of Business
2575 COLLINS AVENUE
SUITE C-10
MIAMI BEACH FL 33140
US

Mailing Address
2575 COLLINS AVENUE
SUITE C-10
MIAMI BEACH FL 33140
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0764110**

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

CRONIG, STEVEN C.
300 COURVOISIER
C-501 BRICKELL KEY DR
MIAMI FL 33131

new address →

Name **CRONIG, STEVEN C.**
Street Address (P.O. Box Number is Not Acceptable) **3250 Mary St., #307**
City **Coconut Grove** **FL** **Zip Code** **33133**

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

(NOTE: Registered Agent signature required when reinstating)

1-12-2003
DATE

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	DP	<input type="checkbox"/> Delete
NAME	SCODRO, NESTORE	
STREET ADDRESS	4201 COLLINS AVE., APT. 2503	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE	DVS	<input type="checkbox"/> Delete
NAME	LINDEMANN SASSI, VIVIAN	
STREET ADDRESS	4201 COLLINS AVE, SUITE 2303	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D, S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCODRO, NESTORE	
STREET ADDRESS	4201 COLLINS AVE, APT. 2503	
CITY-ST-ZIP	MIAMI BEACH, FL 33140	
TITLE	D, T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LINDEMANN SASSI, VIVIAN	
STREET ADDRESS	4201 COLLINS AVE, APT. 2303	
CITY-ST-ZIP	MIAMI BEACH, FL 33140	
TITLE	D, P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PRESENTI PIGNA-CARILLO	
STREET ADDRESS	3681 FLAMINGO DR	
CITY-ST-ZIP	MIAMI BEACH, FL 33140	
TITLE	DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PAGLIA, GIORGIO	
STREET ADDRESS	2575 COLLINS AVE, C-10	
CITY-ST-ZIP	MIAMI BEACH, FL 33140	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SASSI, CESARE	
STREET ADDRESS	4201 COLLINS AVE, APT. 2303	
CITY-ST-ZIP	MIAMI BEACH, FL 33140	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: x SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/3

305-534-9750

Date

Daytime Phone #

CR2E034 (10/02)