

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000038135

1. Entity Name  
WAGNER AMERICA DISTRIBUTING CORP.

**FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**  
05-06-2002 90115 021 \*\*\*150.00

Principal Place of Business

221 73RD ST  
MIAMI BEACH FL 33141  
US

Mailing Address

201 CRANDON BOULEVARD  
#520  
KEY BISCAYNE FL 33149



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0848947

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 AVE  
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.

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 \$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 PD.  
NAME DE CIPOLLA, MARIA S  
STREET ADDRESS 201 CRANDON BOULEVARD  
CITY-ST-ZIP KEY BISCAYNE FL 33149 ☐ Delete

TITLE VD  
NAME CIPOLLA, GUIDO C  
STREET ADDRESS 201 CRANDON BOULEVARD  
CITY-ST-ZIP KEY BISCAYNE FL 33149 ☐ Delete

TITLE STD  
NAME CIPOLLA, AMINA B  
STREET ADDRESS 251 CRANDON BLVD. #426  
CITY-ST-ZIP KEY BISCAYNE FL 33149 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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

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:

*Amina B Cippolla*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/02  
Date

305-3612078  
Daytime Phone #

CR2E034 (9/01)