

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State
 05-03-2001 90079 019 ***150.00

DOCUMENT # P98000072897

1. Entity Name
GEGA, INC.

Principal Place of Business

Mailing Address

~~200 S. BISCAYNE BLVD.~~
~~SUITE 4815~~
~~MIAMI FL 33131~~

~~200 S. BISCAYNE BLVD.~~
~~SUITE 4815~~
~~MIAMI FL 33131~~

2. Principal Place of Business

1548 BRICKELL AVE.

Suite, Apt. #, etc.

3. Mailing Address

1548 BRICKELL AVE.

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33129-1210

Country

USA

City & State

MIAMI, FL

Zip

33129-1210

Country

USA

4. FEI Number

65-0868013

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

SALUSSOLIA, PIERO

~~200 S. BISCAYNE BLVD.~~
~~SUITE 4815~~
MIAMI FL 33131

Name

SALUSSOLIA, PIERO

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

1548 BRICKELL AVE.

City

MIAMI

FL

Zip Code

33129-1210

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

PIERO SALUSSOLIA

04/26/01

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☐ Delete
 NAME **DALLE MOLLE, ALDO**
 STREET ADDRESS **200 S. BISCAYNE BLVD, STE 4815**
 CITY-ST-ZIP **MIAMI FL 33131**

TITLE **DP** ☐ Change ☐ Addition
 NAME **DALLE MOLLE, ALDO**
 STREET ADDRESS **1548 BRICKELL AVE.**
 CITY-ST-ZIP **MIAMI, FL 33129-1210**

TITLE **VTD** ☐ Delete
 NAME **FIAMBERTI, EUGENIO M**
 STREET ADDRESS **200 S. BISCAYNE BLVD, STE 4815**
 CITY-ST-ZIP **MIAMI FL 33131**

TITLE **VTD** ☐ Change ☐ Addition
 NAME **FIAMBERTI EUGENIO**
 STREET ADDRESS **1548 BRICKELL AVE.**
 CITY-ST-ZIP **MIAMI, FL**

TITLE **S** ☐ Delete
 NAME **ZERBONE, ALESSANDRO**
 STREET ADDRESS **4343 WEST FLAGLER ST SUITE 505**
 CITY-ST-ZIP **MIAMI FL 33134**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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 an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALESSANDRO ZERBONE

04/26/01

305-46132-44

Date

Daytime Phone #

CR2E034 (10/00)