

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2003 8:00 am
Secretary of State

01-21-2003 90083 041 ***150.00

1/21

DOCUMENT # P98000076806



1. Entity Name
PIGOZZO FAMILY, INC.

Principal Place of Business
**431 GARLEDA AVE.
MIAMI FL 33146
US**

Mailing Address
**152 NE 167 STREET
SUITE 301
MIAMI FL 33162
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 **65-0863698** Applied For ☐ Not Applicable ☐

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

6. Name and Address of Current Registered Agent
**PIERCE, CLIFFORD Y
152 NE 167 STREET, STE. 301
MIAMI FL 33162**

7. Name and Address of New Registered Agent
Name **Marcello Pigozzo**
Street Address (P.O. Box Number is Not Acceptable)
431 Garlenda Ave
City **Coral Gables** FL Zip Code **33146**

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 **MARCELLO PIGOZZO** DATE **2-10-03**
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
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	PD	TITLE	
NAME	PIGOZZO, MARCELLO	NAME	
STREET ADDRESS	431 GARLEDA AVE	STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33146	CITY-ST-ZIP	
TITLE	CD	TITLE	
NAME	PIGOZZO, LEDA	NAME	
STREET ADDRESS	PARQUE INDUSTRIAL LA QUIZANDA #148	STREET ADDRESS	
CITY-ST-ZIP	VALENCIA, VENEZUELA	CITY-ST-ZIP	
TITLE	VD	TITLE	
NAME	PIGOZZA, MICHELE	NAME	
STREET ADDRESS	PARQUE INDUSTRIES LA QUIZANDA #148	STREET ADDRESS	
CITY-ST-ZIP	VALENCIA, VENEZUELA	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
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: **MARCELLO PIGOZZO**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-03

Date

Daytime Phone #

CR2E034 (10/02)