

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 09, 2003 8:00 am
Secretary of State

01-09-2003 90016 039 ***150.00

DOCUMENT # **P98000078273**

1. Entity Name
RIZZANI DE ECCHER (USA) INC.



Principal Place of Business
**2999 NE 191ST ST
STE 603
AVENTURA FL 33180**

Mailing Address
**2999 NE 191ST ST
STE 603
AVENTURA FL 33180**

40006092



2. Principal Place of Business
**2999 NE 191ST STREET
STE 700**

3. Mailing Address
**2999 NE 191ST STREET
STE 700**

CHECK HERE IF MAKING CHANGES

City & State
AVENTURA FL

City & State
AVENTURA FL

4. FEI Number **65-0876170**

Applied For
 Not Applicable

Zip **33180** Country **USA**

Zip **33180** Country **USA**

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

6. Name and Address of Current Registered Agent

**CASTRACANI, RICCARDO
2999 NE 191ST
STE 603
AVENTURA FL 33180**

7. Name and Address of New Registered Agent

Name **CASTRACANI RICCARDO**
Street Address (P.O. Box Number is Not Acceptable)
**2999 NE 191ST STREET
SUITE 700**
City **AVENTURA FL** Zip Code **33180**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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 NAME STREET ADDRESS CITY-ST-ZIP	PD MENZA, LUCIANO VIA LIGNANO 8, POZZUOLO DEL FRIULI, (UD) ITALY	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD ROSIELLO, EMILIO 9600 NW 45TH LANE MIAMI FL 33178	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASTRACANI, RICCARDO 7363 GARY AVE MIAMI BEACH FL 33141	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: EMILIO ROSIELLO 1/06/03 (305) 932 9700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)