2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P98000086824 1. Entity Name FILATURA USA INC.						FILED Feb 15, 2000 8:00 am Secretary of State 02-15-2000 90062 029 ***150.00					
Principal Place	of Business	Mailing Address									
ESIGN CENTER AT QUIET WATERS 24 SOUTH POWERLINE ROAD EERFIELD BEACH FL 33442		DESIGN CENTER AT QUIET WATERS 324 SOUTH POWERLINE ROAD DEERFIELD BEACH FL 33442-8105						******		8/1 8191 / 8 <i>1</i>	
. Principal Pl	ace of Business	3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.					DO NOT WRI	FE IN THIS SF	ACE		
		City & State			<b>4.</b> F	4. FEI Number 65-0869960				Applied For Not Applicable	
Zip	Country	- Zip	- Coun	trý —	5. 0	Certificate of	Status Desired		8.75 Add	ditional	
	6. Name and Address of Current	Registered Agent		Namo	7. N	lame and A	ddress of New R	egistered Ag	jent		
COP		Name									
1201	PORATION SERVICE COMPANY HAYS STREET			Street Addres	reet Address (P.O. Box Number is Not Acceptable)						
TALL	AHASSEE FL 32301-2525			City							
	•			City	FL <sup>Zip Co</sup>						
(See criter	equirement and elects to do so. ia on back)	After MAY 1, 20 Make Check Paya			itate		Fund Contributio			d to Fees	
ITLE IAME ITREET ADDRESS ITTY - ST - ZIP	CD HEUNIS, IAN 324 SO. POWERLINE RD. DEERFIELD BEACH FL 33442		TITL NAM STRI	-					Change	Addition	
ITLE IAME TREET ADDRESS ITY - ST - ZIP	PD BELTRAME, FRANCO 324 SO. POWERLINE RD. DEERFIELD BEACH FL 33442	🗆 Delete							Change	Addition	
ITLE IAME	TD E0ETZEE =LEONEL=	🗖 Delete	TITL	E	BRIA	N MACI	DONALD		K) Change	Addition	
IREET ADDRESS	324 SO. POWERLINE RD. DEERFIELD BEACH FL 33442	<sup>*</sup> @>>		EET ADDRESS							
itle IAME Itreet address	SD Beltrame, Vittorio 324 So. Powerline RD.	Delete		IE EET ADDRESS				•	Change	Addition	
City-st-zip Nitle Name	DEERFIELD BEACH FL 33442	Delete	 Titl NAM	IE					Change	Addition	
TREET ADDRESS	SIGN H E R E			EET ADDRESS '- ST- ZIP							
ITLE IAME ITREET ADDRESS ITY-ST-ZIP		Delete							Change	Addition	
13. I hereby, indicated of the cor changed.	ertity that be information supplied with on this the cost supplemental report is paration to be receiver or trustee emp- the on an exectinent with an address.	this filing does not qualify for true and accurate and that wered to execute this repor- with an other like empowered	or the exe my signa rt as requ d.	emption stated in ture shall have t ired by Chapter	Section he same 607, Flori	119.07(3)(i). legal effect da Statutes;	Florida Statutes. as if made under and that my nam	I further certi oath; that I ar le appears in	fy that the n an office Block 11 ¢	information r or director or Block 12 if	