

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2002 8:00 am
Secretary of State

02-27-2002 90080 047 ***150.00

DOCUMENT # P98000097388

1. Entity Name
FILA CHEMICALS U.S.A., CORP.

Principal Place of Business
8180 N.W. 36TH STREET.. SUITE 403
MIAMI FL 33166

Mailing Address
8180 N.W. 36TH STREET.. SUITE 403
MIAMI FL 33166



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
8180 NW 36 St.

3. Mailing Address
8180 NW 36 St.

Suite, Apt. #, etc.
Suite # 303

Suite, Apt. #, etc.
Suite # 303

City & State
Miami, Florida

City & State
Miami, Florida

Zip
33166

Country
USA

Zip
33166

Country
USA

4. FEI Number
65-0879381

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CHOLOBEL, MICHAEL
1925 BRICKELL AVENUE
STE. D-207
MIAMI FL 33129

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 **D** ☐ Delete
NAME **PETTENON, BENIAMINO**
STREET ADDRESS **VIA GARIBALDI 32 I-35018 S. MARTINO DI LIP**
CITY-ST-ZIP **PADUA ITALY**

TITLE **S** ☐ Delete
NAME **CAVALLI, MASSIMO**
STREET ADDRESS **VIA GARIBALDI 321-35018 SAN MARTINO**
CITY-ST-ZIP **PADVA ITALY**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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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: **SICILIANO**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-6-02 **305-513-0708**
Date Daytime Phone #

CR2E034 (9/01)