

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000008255**

1. Entity Name

CRIF NORTH AMERICA CORPORATION**FILED**
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90253 015 ***150.00

Principal Place of Business

**2701 NORTH ROCKY POINT DRIVE
ISLAND CENTER - SUITE 1120
TAMPA FL 33607**

Mailing Address

**2701 NORTH ROCKY POINT DRIVE
ISLAND CENTER - SUITE 1120
TAMPA FL 33607**

2. Principal Place of Business

2701 North Rocky Point Dr.

3. Mailing Address

2701 North Rocky Point Dr.

Suite, Apt. #, etc.

Suite 1100

Suite, Apt. #, etc.

Suite 1100

City & State

Tampa, FL

City & State

Tampa, FL

4. FEI Number

59-3557873

Applied For

Not Applicable

Zip

33607

Country

USA

Zip

33607

Country

USA5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	GHERARDI, CARLO	
STREET ADDRESS	BOLOGNA VIA LAME 15	
CITY-ST-ZIP	CF.GHRCRL55C24A944P	
TITLE	D	<input type="checkbox"/> Delete
NAME	FRABONI, FABRIZIO	
STREET ADDRESS	VIA VOLONTARI DELLA LIBERTA 20/3	
CITY-ST-ZIP	CF.FRBFRZ60H01A944E	
TITLE	D	<input type="checkbox"/> Delete
NAME	GHIEMMETTI, SILVIA	
STREET ADDRESS	BOLOGNA VIA SARAGOZZA 1	
CITY-ST-ZIP	CF.GHLSLV62E54F205C	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

CARLO GHERARDI**03/28/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)