

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**

05-27-2002 90428 015 \*\*\*150.00

**DOCUMENT#** P99000008255

1. Entity Name

CRIE North America Corporation

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

2701 North Rocky Point Drive

3. Mailing Address

2701 North Rocky Point Drive

Suite, Apt. #, etc.

Suite 1100

Suite, Apt. #, etc.

Suite 1100

DO NOT WRITE IN THIS SPACE

City & State Tampa, FL

City & State Tampa, FL

4. FFI Number 59-3557873

Applied For

Not

Zip 33607

Country USA

Zip 33607

Country USA

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

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name L. David de la Parte

Street Address (P.O. Box Number is Not Acceptable) 101 East Kennedy Blvd.

Suite 3400

City Tampa

FL

Zip Code 33602

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)

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
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 NAME STREET ADDRESS	D Gherardi, Carlo Bologna Via Lame 15 CF.GHRCRL55C24A944P	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS	D Fraboni, Fabrizio Via Volontari Della Libertà 20/3 CF.FRBFRZ60H01A944E	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS	D Ghielmetti, Silvia Bologna Via Sargozza 1 CF.GHLSLV62E54F205C	TITLE NAME STREET ADDRESS	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS		TITLE NAME STREET ADDRESS	
TITLE NAME STREET ADDRESS		TITLE NAME STREET ADDRESS	
TITLE NAME STREET ADDRESS		TITLE NAME STREET ADDRESS	

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

CARLO GHERARDI

04/29/2002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2EO34B (12/01)