

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 18, 2002 8:00 am
Secretary of State

0266918 AV

DOCUMENT # P99000038042

1. Entity Name
FRAMA U.S.A., INC.

02-18-2002 90072 001 ***150.00
 02-18-2002 90072 002 *****8.75

Principal Place of Business

**0452 NW 77 COURT
 MIAMI FL 33166**

Mailing Address

**0452 NW 77 COURT
 MIAMI FL 33166**

2. Principal Place of Business

3. Mailing Address

ONE NE 40th ST

ONE NE 40th STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

2

2

City & State

City & State

MIAMI FL

MIAMI FL

4. FEI Number

65-0916822

Applied For

Not Applicable

Zip

Country

Zip

Country

33137 USA

33137 USA

5. Certificate of Status Desired

☒

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ESTRELLA, DAVID ESQ.

3191 GORAL WAY, SUITE 114

MIAMI FL 33145

Name

MARCO STILLI

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

ONE NE 40th STREET # 2

City

MIAMI

FL

Zip Code
33137

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

Marco Stilli **MARCO STILLI**

01/30/02

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Delete
 NAME **MONTANARI, AUGUSTO**
 STREET ADDRESS **6450 NW 77 COURT**
 CITY-ST-ZIP **MIAMI FL 33166**

TITLE **DP MARCO STILLI** ☐ Change ☒ Addition
 NAME **ONE NE 40th STREET #2**
 STREET ADDRESS **MIAMI FL 33137**
 CITY-ST-ZIP

TITLE **DVP** ☐ Delete
 NAME **MANICARDI, GIULIANO**
 STREET ADDRESS **6450 NW COURT**
 CITY-ST-ZIP **MIAMI FL 33166**

TITLE **DVP** ☒ Change ☐ Addition
 NAME **MANICARDI, GIULIANO**
 STREET ADDRESS **ONE NE 40th STREET #2**
 CITY-ST-ZIP **MIAMI FL 33137**

TITLE **DP** ☐ Delete
 NAME **MARCO STILLI**
 STREET ADDRESS **ONE NE 40th STREET #2**
 CITY-ST-ZIP **MIAMI FL 33137**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 life empowered.

SIGNATURE:

Marco Stilli **MARCO STILLI, PRESID.**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/30/2002
 Date

01/30/02
 Daytime Phone #

CR2E034 (9/01)