

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 31, 2002 8:00 am**  
**Secretary of State**

0250491 AV

**DOCUMENT # P99000045692**

1. Entity Name  
**RECCHI AMERICA, INC.**

01-31-2002 90051 014 \*\*\*150.00

Principal Place of Business Mailing Address  
**9200 S. DADELAND BLVD., STE. 225** **9200 S. DADELAND BLVD., STE. 225**  
**MIAMI FL 33156** **MIAMI FL 33156**



2. Principal Place of Business Suite, Apt. #, etc.  
 3. Mailing Address Suite, Apt. #, etc.  
 City & State City & State

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0997257** Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**CUMMINGS, F. ALAN**  
**1004 DESOTO PARK DR.**  
**TALLAHASSEE FL 32301**

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 \_\_\_\_\_ (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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD HARPER, ALLEN C 9200 S. DADELAND BLVD., STE. 225 MIAMI FL 33156</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DSVC BELLERO, CHIAFFREDO 9200 S. DADELAND BLVD., STE. 225 MIAMI FL 33156</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S ORTIZ, MARIA 9200 S. DADELAND BLVD., STE. 225 MIAMI FL 33156</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DEV ESPINO, ENRIQUE I 9200 S. DADELAND BLVD., STE. 225 MIAMI FL 33156</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T IGLESIAS, JUAN J 9200 S. DADELAND BLVD., STE. 225 MIAMI FL 33156</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MASCAGNA, DAVID 9200 S. DADELAND BLVD., STE. 225 MIAMI FL 33156</b>	<input checked="" type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Tita, Giampaolo 9200 So. Dadeland Blvd., #225 Miami, Florida 33156</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D/VP/S Nelson, Jeffrey V. 9200 So. Dadeland Blvd., #225 Miami, Florida 33156</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P/D Espino, Enrique I. 9200 So. Dadeland Blvd., #225 Miami, Florida 33156</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D/T Iglesias, Juan J. 9200 So. Dadeland Blvd., #225 Miami, Florida 33156</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Sangelaji, Ali M. 9200 So. Dadeland Blvd., #225 Miami, Florida 33156</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: Enrique I. Espino **Enrique I. Espino, P/D** 1/15/02 (305) 670-7585  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)