

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**May 11, 2001 8:00 am**  
**Secretary of State**

05-11-2001 90071 014 \*\*\*150.00

**DOCUMENT # P99000049659**

1. Entity Name

**A.B.C. U.S.A., INC.**

Principal Place of Business

Mailing Address

**200 SOUTH BISCAYNE BOULEVARD  
SUITE 4815  
MIAMI FL 33131**

**5599 BISCAYNE BLVD  
MIAMI FL 33137**

2. Principal Place of Business

**5599 BISCAYNE BLVD.**

Suite, Apt. #, etc.

3. Mailing Address

**1548 BRICKELL AVE.**

Suite, Apt. #, etc.

City & State

**MIAMI, FL**

City & State

**MIAMI, FL**

4. FEI Number

**65-0973369**

Applied For

Not Applicable

Zip

**33137**

Country

**USA**

Zip

**33129-1210**

Country

**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

**SALUSSOLIA, PIERO  
200 SOUTH BISCAYNE BOULEVARD  
SUITE 4815  
MIAMI FL 33131**

Name

**SALUSSOLIA, PIERO**

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

**1548 BRICKELL AVE.**

City

**MIAMI**

**FL**

Zip Code

**33129-1210**

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.

**PIERO SALUSSOLIA**

(NOTE: Registered Agent signature required when reinstating)

**04/26/01**

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 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>DP ZINI, FERNANDO 834 OCEAN DRIVE SUITE 501 MIAMI BEACH FL 33139</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPTS FICHERA, GIUSEPPE 5599 BISCAYNE BLVD MIAMI FL 33137</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**GIUSEPPE FICHERA**

Date

Daytime Phone #

**04/27/01 305-757-0700**

CR2E034 (10/00)