2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000068350**

TREA USA, INC.

Mailing Address Principal Place of Business 200 SOUTH BISCAYNE BOULEVARD --- ARAGON AVENUE **SUITE 4815** ----- 212 GABLES FL 33134 MIAMI FL 33131-2303 3. Mailing Address 2. Principal Place of Business

FILED May 03, 2000 8:00 am Secretary of State

05-03-2000 90107 024 ***150.00

KUUUUA40,



4244									
Suite, Apt. #, etc. Suite, Apt. #, etc.		-			DO NOT WRITE IN THIS SPACE				
City & State		City & State			4. F	El Number			Applied For
		,	65-0997443				Not Applicable		
Zip	Country	Zip .	Count	try	Ĭ	Certificate of Status Desired		\$8.75 A Fee Requi	
	6. Name and Address of Current F	legistered Agent			7. N	ame and Address of New	Registered	Agent	
			_	Name					
SALUSSOLIA, PIERO 200 SOUTH BISCAYNE BOULEVARD SUITE 4815				Street Address (P.O. Box Number is Not Acceptable)					
MIAMI FL 33131				City			FL	Zip Co	ode
The above	named entity submits this statement for	the purpose of changing its	 registere	ed office or rea	istered age	ent, or both, in the State of F	lorida.		
THE GEOTE	That is stated and stated in the state of th	the purpose of offering to				, , , , , , , , , , , , , , , , , , , ,			
ONATURE									
GNATURE.	Signature, typed or printed name of registered agent a	nd title if applicable. (NOT	E: Registerer	d Agent signature rec	quired when rei	instating)	DATE		
D. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW!!! After MAY 1, 2000 Make Check Payable			000 Fee	will be \$550.		10. Election Campaign F Trust Fund Contribut	~ -		,00 May Be led to Fees
l .	OFFICERS AND I	DIRECTORS	12.		AD	I DITIONS/CHANGES TO O	FICERS AN	D DIRECTO	RS IN 11
LE	l D	Delete	TITLE	E D/	VP/T			☐ Changi	
ME	BOLDORINI, ATTILIO	, Dolote	NAM		-	NI, ATTILIO			•
REET ADDRESS	300 ARAGON AVENUE SUITE 212	,	STRE				TE 212		
TY-ST-ZIP	CORAL GABLES FL 33134	-	CITY			ABLES <u>FL33134</u>	.10 212		
 TLE	D	☐ Delete	TITLE			<u> </u>		☐ Change	Addition
ME	BOLDORINI, ARMANDO	L Boloto	NAMI			II, ARMANDO			• •
REET ADDRESS	300 ARAGON AVENUE SUITE 21	2	STRE				TE 212		
Y-ST-ZIP	CORAL GABLES FL 33134	-		ρu					
	COLUMN CANDERO LE COLOT		CITY-				.16Z1Z		
16		Delete		CO		BLES FL 33134	.16Z1Z	[7] Change	Addition
		☐ Delete	TITLE	(-SI-ZIP CO	RAL_GA	ABLES FL 33134	. 16212	Change	e 🔀 Addition
ME		☐ Delete	TITLE	E S AE FU	RAL_GA JENTES,	ABLES FL 33134 TCARMEN	·		·
AME REET ADDRESS		☐ Delete	TITLE NAM STRE	E S ME EET ADDRESS (ASIL-71P) CO FU 20	RAL GA VENTES, OO SOUT	ABLES FL 33134 TCARMEN TH BISCAYNE BLV	·	☐ Chang	·
ME REET ADDRESS IY-ST-ZIP			TITLE NAM STRE CITY	FU EET ADDRESS (-ST-ZIP CO S FU EV 20	RAL GA VENTES, OO SOUT	ABLES FL 33134 TCARMEN	·		15
ME REET ADDRESS IY-ST-ZIP LE		☐ Delete	TITLE NAM STRE	E S FU EET ADDRESS (-ST-ZIP MT	RAL GA VENTES, OO SOUT	ABLES FL 33134 TCARMEN TH BISCAYNE BLV	·	ITE 48	15
ME REET ADDRESS IY-ST-ZIP LE ME			TITLE NAM STRE CITY TITLE	E S FU EET ADDRESS (-ST-ZIP MT	RAL GA VENTES, OO SOUT	ABLES FL 33134 TCARMEN TH BISCAYNE BLV	·	ITE 48	15
ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS			TITLE NAM STRE CITY TITLE NAM STRE	E S FU 20 (-ST-ZIP E HE	RAL GA VENTES, OO SOUT	ABLES FL 33134 TCARMEN TH BISCAYNE BLV	·	ITE 48	15
ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP		☐ Delete	TITLE NAM STRE CITY TITLE NAM STRE CITY	E S FU 20 (-ST-ZIP E ALE ADDRESS (-ST-ZIP E ALE ADDRESS (-ST-ZIP E ALE ADDRESS (-ST-ZIP E ALE ADDRESS (-ST-ZIP ADDRESS (-ST-	RAL GA VENTES, OO SOUT	ABLES FL 33134 TCARMEN TH BISCAYNE BLV	·	ITE 48	15 □ Addition
ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP			TITLE NAM STRE CITY TITLE NAM STRE CITY	E S FU 20 (-ST-ZIP E E EET ADDRESS (-ST-ZIP E E EET ADDRESS (-ST-ZIP E	RAL GA VENTES, OO SOUT	ABLES FL 33134 TCARMEN TH BISCAYNE BLV	·	ITE 48	15 □ Addition
ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE		☐ Delete	TITLE NAM STRECTY TITLE NAM STRECTY TITLE NAM STRECTY TITLE	E S FU 20 (-ST-ZIP LET ADDRESS	RAL GA VENTES, OO SOUT	ABLES FL 33134 TCARMEN TH BISCAYNE BLV	·	ITE 48	15 □ Addition
ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS		☐ Delete	TITLE NAM STRE CITY TITLE NAM STRE CITY TITLE NAM STRE	E S FU 20 CO: E	RAL GA VENTES, OO SOUT	ABLES FL 33134 TCARMEN TH BISCAYNE BLV	·	ITE 48	15 □ Addition
ME REET ADDRESS I'Y-ST-ZIP LE ME REET ADDRESS I'Y-ST-ZIP LE ME REET ADDRESS I'Y-ST-ZIP LE REET ADDRESS I'Y-ST-ZIP		☐ Delete	TITLE NAM STRE CITY TITLE NAM STRE CITY TITLE NAM STRE CITY	FU SALE FU SALE FU SALE FU SALE FU SALE FU SALE SALE FU SALE SALE SALE SALE SALE SALE SALE SALE	RAL GA VENTES, OO SOUT	ABLES FL 33134 TCARMEN TH BISCAYNE BLV	·	LTE 48	Addition
MME REET ADDRESS TY-ST-ZIP TLE REET ADDRESS TY-ST-ZIP FLE MME REET ADDRESS TY-ST-ZIP FREET ADDRESS TY-ST-ZIP TLE		☐ Delete	TITLE NAM STRE CITY TITLE NAM STRE CITY TITLE NAM STRE CITY TITLE	FU SALE FU SALE FU SALE FU SALE FU SALE SALE FU SALE SALE SALE SALE SALE SALE SALE SALE	RAL GA VENTES, OO SOUT	ABLES FL 33134 TCARMEN TH BISCAYNE BLV	·	ITE 48	Addition
ILE AME REET ADDRESS TY-ST-ZIP TLE AME TY-ST-ZIP TLE AME THE TLE THE THE THE THE THE TH		☐ Delete	TITLE NAM STRE CITY TITLE NAM STRE CITY TITLE NAM STRE CITY TITLE NAM	FU CO. E S FU 20 (-ST-ZIP MI E EET ADDRESS (-ST-ZIP MI E EET ADDRESS (-ST-ZIP E E EET ADDRESS (-ST-ZIP E E EET ADDRESS (-ST-ZIP E E E E E E E E E E E E E E E E E E E	RAL GA VENTES, OO SOUT	ABLES FL 33134 TCARMEN TH BISCAYNE BLV	·	LTE 48	Addition
AME TREET ADDRESS TY-ST-ZIP TLE AME REET ADDRESS TY-ST-ZIP TLE AME TY-ST-ZIP TLE TREET ADDRESS TY-ST-ZIP TLE TREET ADDRESS TY-ST-ZIP TLE		☐ Delete	TITLE NAM STRE CITY TITLE NAM STRE CITY TITLE NAM STRE CITY TITLE NAM STRE CITY	FU SALE FU SALE FU SALE FU SALE FU SALE SALE FU SALE SALE SALE SALE SALE SALE SALE SALE	RAL GA VENTES, OO SOUT	ABLES FL 33134 TCARMEN TH BISCAYNE BLV	·	LTE 48	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.