

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000081550

1. Entity Name

LEDYSAN USA, INC.

Principal Place of Business

1541 BRICKELL AVE., STE. C2206
MIAMI FL 33129-1224

Mailing Address

1541 BRICKELL AVE., STE. C2206
MIAMI FL 33129-1224

2. Principal Place of Business

2828 CORAL WAY

Suite, Apt. #, etc.

450

City & State

MIAMI, FL

Zip

33145-3214

Country

3. Mailing Address

2828 CORAL WAY

Suite, Apt. #, etc.

450

City & State

MIAMI, FL

Zip

33145-3214

Country

4. FEI Number

65-0948197

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PERRINO, PEDRO
1541 BRICKELL AVE., STE. C2206
MIAMI FL 33129-1224

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

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, 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

TITLE P ☐ Delete
NAME VITTORIO, CARMINATI
STREET ADDRESS 40 SW 13TH STREET
CITY-ST-ZIP MIAMI FL 33130

TITLE VPTS ☐ Delete
NAME PERRINO, PEDRO
STREET ADDRESS 1541 BRICKELL AVENUE-C2206
CITY-ST-ZIP MIAMI FL 33129-1224

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PEDRO PERRINO

Date

Daytime Phone #

1/3/2001 (305) 442-1090

FILED
Jan 16, 2001 8:00 am
Secretary of State

01-16-2001 90089 050 ***150.00

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DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

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