

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 02, 2002 8:00 am**  
**Secretary of State**

05-24-2002 91328 038 \*\*\*150.00

DOCUMENT # V66130

1. Entity Name

BACCINO (USA) CORPORATION

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

20840 SAN SIMEON WAY

Suite, Apt. #, etc.

APT. 308

3. Mailing Address

20840 SAN SIMEON WAY

Suite, Apt. #, etc.

APT. 308

DO NOT WRITE IN THIS SPACE

City & State

N. MIAMI BEACH, FL

Zip

33179

Country

DADE

City & State

NORTH MIAMI BEACH, FL

Zip

33179

Country

DADE

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

LUCIA YU

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

20840 San Simeon Way #308

City

N. Miami Beach, FL

FL

Zip Code

33179

**DO NOT WRITE  
IN THIS SPACE**

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

LUCIA YU

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

6/18/02

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back)

☐

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**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

DIRECTOR

NAME

TAI S. CHAW

STREET ADDRESS

20840 SAN SIMEON WAY #308

CITY-ST-ZIP

N. MIAMI BEACH, FL 33179

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

DIRECTOR

NAME

LUCIA YU

STREET ADDRESS

SAN SIMEON WAY #308

CITY-ST-ZIP

N. MIAMI BEACH, FL 33179

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

N. MIAMI BEACH, FL 33179

NAME

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

LUCIA YU

4/20/2002(305)653-5653

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

LUCIA YU

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6/18/02(305)653-5653

CR2E034B (12/01)