

Edgar Filing: DIMELE THOMAS F - Form 3

DIMELE THOMAS F  
Form 3  
August 13, 2001

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OMB APPROVAL  
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U.S. SECURITIES AND EXCHANGE COMMISSION  
Washington, D.C. 20549

FORM 3

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,  
Section 17(a) of the Public Utility Holding Company Act of 1935 or  
Section 30(f) of the Investment Company Act of 1940

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1. Name and Address of Reporting Person\*

DiMele Thomas F.  
-----  
(Last) (First) (Middle)

7228-271 Camino Degrazia

-----  
(Street)

San Diego California 92111-7845  
-----  
(City) (State) (Zip)

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2. Date of Event Requiring Statement (Month/Day/Year)

July 18, 2001

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3. IRS Identification Number of Reporting Person, if an Entity (Voluntary)

063-32-8130

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4. Issuer Name AND Ticker or Trading Symbol

Ponte Nossa Acquisition Corp. / PNSO

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5. Relationship of Reporting Person(s) to Issuer  
(Check all applicable)

Director  10% Owner  
 Officer (give title below)  Other (specify below)

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President

6. If Amendment, Date of Original (Month/Day/Year)

N/A

7. Individual or Joint/Group Filing (Check Applicable Line)

[X] Form Filed by One Reporting Person

[\_] Form Filed by More than One Reporting Person

Table I -- Non-Derivative Securities Beneficially Owned

| 1. Title of Security<br>(Instr. 4) | 2. Amount of Securities<br>Beneficially Owned<br>(Instr. 4) | 3. Ownership Form:<br>Direct (D) or<br>Indirect (I)<br>(Instr. 5) | 4. Nature of Indi<br>(Instr. 4) |
|------------------------------------|---|---|---------------------------------|
| N/A                                | 0   | N/A   | N/A                             |

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

\* If the form is filed by more than one reporting person, see Instruction 5(b)(v).

POTENTIAL PERSONS WHO ARE TO RESPOND TO THE COLLECTION OF INFORMATION CONTAINED IN THIS FORM ARE NOT REQUIRED TO RESPOND UNLESS THE FORM DISPLAYS A CURRENTLY VALID OMB CONTROL NUMBER.

(Over)



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If space provided is insufficient, see Instruction 6 for procedure.

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