

2001 UNIFORM BUSINESS REPORT (UBR)

0032397 SP

DOCUMENT # L00000011768
1. Entity Name
SARNICO USA, LLC

FILED
01 APR 12 AM 9:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
Mailing Address
% 1900 S.E. 15TH STREET
FT. LAUDERDALE FL 33316



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number
5. Certificate of Status Desired
Applied For
Not Applicable
\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
SMITH, DENNIS D ESQ.
TRIPP SCOTT, P.A.
110 S.E. 6TH STREET, 15TH FLOOR
FT. LAUDERDALE FL 33301
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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

Table with 2 columns: 9. MANAGING MEMBERS/MEMBERS and 10. ADDITIONS/CHANGES. Contains details for Ronald McTighe and Robert Fritsky, including titles, names, and addresses.

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [Signature] DATE: 4/09/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #

CR2E083 (11/00)