

092100

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **PA7000069089**

1. Entity Name

CML U.S.A., Inc.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

00 OCT -9 PM 3:48

Principal Place of Business

Mailing Address

**10227 General Dr.
Orlando, Fl. 32824**

Same

2. Principal Place of Business

10227 General Dr.

3. Mailing Address

10227 General Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Orlando

City & State

Orlando, Fl.

4. FEI Number

59-3456123

Applied For

Not Applicable

Zip

32824

Country

USA

Zip

32824

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**Enricl Ferri
10227 General Dr.
Orlando, Fl 32824**

7. Name and Address of New Registered Agent

Name

Scott Tunis

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

10227 General Dr.

City

Orlando

FL

Zip Code

32824

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

SCOTT TUNIS

Scott Tunis

9-19-00

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	General Manager Enricl Ferri 10227 General Dr. Orlando, Fl 32824	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	General Manger/Vice Pres Scott Tunis 10227 General Dr. Orlando, Fl. 32824	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO Alessandro Caprouso 10227 General Dr. Orlando, FL. 32824	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	000003430230--7 -10/19/00--01089--028 ****158.75 ****158.75	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	000003430230--7 -10/19/00--01089--029 ****400.00 ****400.00	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE:

Alessandro Caprouso

Date

Daytime Phone #

9-19-00 409-857-1122

CR2F034 (5/00)