

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 630120**

1. Entity Name

LAUREATE IMPORTS COMPANY**FILED**
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90083 041 ***150.00

Principal Place of Business

**2850 KELLOGG CRK RD
ACWORTH GA 30101
US**

Mailing Address

**P.O. BOX 2127
WOODSTOCK GA 30188-1374**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1918862

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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, 2000 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****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
PD	PENGOV, MATEVZ	61000 LJUBLJANA	FRANKOPANSKA II SL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VS	FUGINA, LIJANA	61000 LJUBLJANA	FRANKOPANSKA II SL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VP	SCHERMERHORN, JOHN	10335 OLD PRINCESS ANNE RD	PRINCESS ANNE MD	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
T	ADAMS, NELDA	212 LITTLE BROOK LANE	WOODSTOCK GA	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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

Date

Daytime Phone #

03/14/00

770-917-0040