

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000080408

1. Entity Name

DEFACELON U.S.A. CORP

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90072 015 ***150.00

Principal Place of Business

Mailing Address

25 S.E. 2ND. AVE.,STE.410
MIAMI FL 33141

25 S.E. 2ND. AVE.,STE.410
MIAMI FL 33131-1510

2. Principal Place of Business

3. Mailing Address

5445 COLLINS AVENUE

5445 COLLINS AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CU9

CU9

City & State

City & State

MIAMI BEACH, FLORIDA

MIAMI BEACH, FLORIDA

Zip

Country

Zip

Country

33140

USA

33140

USA

4. FEI Number

65-0951 960

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

VEGA, JOSE M

25 S.E. 2ND. AVE.,STE.410
MIAMI FL 33141

Name

GLORIA ESCOBAR

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

5445 COLLINS AVENUE, SUITE CU9

City

MIAMI BEACH

FL

Zip Code

33140

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

GLORIA ESCOBAR

(NOTE: Registered Agent signature required when reinstating)

DATE

4/2/00

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 ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
D
FABIUS, DANIEL
25 S.E. 2ND. AVE.,STE.410
MIAMI FL 33141

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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 #

[Signature] Daniel Fabius(D) 305-866-4922

CR2E034 (9/99)