

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000080408
Entity Name
DEFACELON U.S.A. CORP.

FILED
00 JUL -7 PM 2:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
5445 Collins Ave, Ste CU9 5445 Collins Ave. Ste. CU9
Miami Beach, Fl. 33140 Miami Beach, Fl. 33140

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 U.S.A. 33140 U.S.A.

[Handwritten Signature]

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
DANIEL FABIUS
5445 Collins Avenue, Suite CU9
Miami Beach, Fl. 33140

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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: *[Handwritten Signature]* DATE: 6/30/00
(NOTE: Registered Agent signature required when reinstating)

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	
<input type="checkbox"/> Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP SECRETARY FABIUS DANIEL 5445 COLLINS AVENUE, SUITE CU9 MIAMI BEACH, FL. 33140		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP PRESIDENT JATME GHELMAN 20355 N.E. 34 CT. APT. 1626 AVENTURA, FL. 33180	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: *[Handwritten Signature]* DANIEL FABIUS Ph: (305) 866-4922 6/30/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #