

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 26, 2001 8:00 am**  
**Secretary of State**

03-26-2001 90018 045 \*\*\*150.00

**DOCUMENT # 630120**

1. Entity Name

**LAUREATE IMPORTS COMPANY**

Principal Place of Business

Mailing Address

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

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

**C0037805**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**3590 Cherokee St Ste 101A**

3. Mailing Address

**3590 Cherokee St**

Suite, Apt. #, etc.

**101A**

Suite, Apt. #, etc.

**101A**

City & State

**Kennesaw, GA**

City & State

**Kennesaw, GA**

4. FEI Number

**59-1918862**

Applied For

Not Applicable

Zip

**30144**

Country

**US**

Zip

**30144**

Country

**US**

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, 2001 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 **PD**  
STREET ADDRESS **PENGOV, MATEVZ**  
CITY-ST-ZIP **61000 LJUBLJANA  
FRANKOPANSKA II SL**

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

TITLE ☐ Delete  
NAME **VS**  
STREET ADDRESS **FUGINA, LJANA**  
CITY-ST-ZIP **61000 LJUBLJANA  
FRANKOPANSKA II SL**

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

TITLE ☐ Delete  
NAME **VP**  
STREET ADDRESS **SCHERMERHORN, JOHN**  
CITY-ST-ZIP **10335 OLD PRINCESS ANNE RD  
PRINCESS ANNE MD**

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

TITLE ☐ Delete  
NAME **T**  
STREET ADDRESS **ADAMS, NELDA**  
CITY-ST-ZIP **212 LITTLE BROOK LANE  
WOODSTOCK GA**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:

*Nelda M. Adams*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*-03/20/01 770-427-1010*

CR2E034 (10/00)