

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State
 05-12-2002 90566 005 ***150.00

0363204
 AV

DOCUMENT # P01000074152

1. Entity Name
ALMI USA, INC.

Principal Place of Business
834 COTTON BAY DR. E.
APT. 3512
W. PALM BEACH FL 33406

Mailing Address
834 COTTON BAY DR. E.
APT. 3512
W. PALM BEACH FL 33406



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

843 Cotton Bay Dr E

Suite, Apt. #, etc.

2512

City & State

West Palm Beach

Zip

33406

Country

3. Mailing Address

843 Cotton Bay Dr E

Suite, Apt. #, etc.

2512

City & State

West Palm Beach

Zip

33406

Country

4. FEI Number

65-1124889

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LINCA, ALEXANDRA
843 COTTON BAY DRIVE EAST
APT. 2512
WEST PALM BEACH FL 33406

7. Name and Address of New Registered Agent

Name

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

Donnerstag

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, 2002 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

TITLE **D** ☐ Delete
 NAME **LINCA, ALEXANDRA**
 STREET ADDRESS **843 COTTON BAY DRIVE EAST #2512**
 CITY-ST-ZIP **WEST PALM BEACH FL 33406**

TITLE **D** ☐ Delete
 NAME **SANDULESCU, MIRCEA**
 STREET ADDRESS **2602 VISION DRIVE B**
 CITY-ST-ZIP **PALM BEACH GARDENS FL 33418**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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:

ALEXANDRA LINCA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/21/02 (561) 635 5026

CR2E034 (9/01)