## 2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000124664

Entity Name: FUSA CORP.

Apr 05, 2019 Secretary of State 3364978345CC

**FILED** 

## **Current Principal Place of Business:**

10100 NW 116TH WAY SUITE #14

MEDLEY, FL 33178

# **Current Mailing Address:**

10100 NW 116TH WAY SUITE #14 MEDLEY, FL 33178 US

FEI Number: 16-1621125 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

KLOMPARENS, CRAIG A 16535 MARIPOSA CIRCLE NORTH FORT LAUDERDALE, FL 33331 US

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:

Electronic Signature of Registered Agent

Date

## Officer/Director Detail:

Title P Title

NameKLOMPARENS, CRAIG ANameOBESO, JOAQUINAddress16535 MARIPOSA CIRCLE NORTHAddress8625 NW 8 ST, #310City-State-Zip:FORT LAUDERDALE FL 33331City-State-Zip:MIAMI FL 33126

Title S Title T

Name OBESO, JOAQUIN Name KLOMPARENS, CRAIG A

Address 8625 NW 8 ST, #310 Address 16535 MARIPOSA CIRCLE NORTH
City-State-Zip: MIAMI FL 33126 City-State-Zip: FORT LAUDERDALE FL 33331

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CRAIG A KLOMPARENS

**PRESIDENT** 

04/05/2019