

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 25, 2002 8:00 am**  
**Secretary of State**

07-25-2002 90125 025 \*\*\*550.00

**DOCUMENT # 630120**

1. Entity Name

**LAUREATE IMPORTS COMPANY**

Principal Place of Business

**3590 CHEROKEE STREET  
101A  
KENNESAW GA 30144  
US**

Mailing Address

**3590 CHEROKEE STREET  
101A  
KENNESAW GA 30144  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1918862**

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

**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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00  
After September 13, 2002 Fee will be \$750.00  
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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	<b>PD</b>			
	<b>PENGOV, MATEVZ</b>			
	<b>61000 LJUBLJANA</b>			
	<b>FRANKOPANSKA II SL</b>			
	<b>VS</b>			
	<b>FUGINA, LIJANA</b>			
	<b>61000 LJUBLJANA</b>			
	<b>FRANKOPANSKA II SL</b>			
	<b>VP</b>			
	<b>SCHERMERHORN, JOHN</b>			
	<b>10335 OLD PRINCESS ANNE RD</b>			
	<b>PRINCESS ANNE MD</b>			
	<b>T</b>			
	<b>ADAMS, NELD</b>			
	<b>212 LITTLE BROOK LANE</b>			
	<b>WOODSTOCK GA</b>			

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

CR2E034 (4/02)

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

07/22/02

Date

770-427-1010

Daytime Phone #