

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State

04-09-2002 91171 049 ***150.00

0363185 AV

DOCUMENT # F00000003255

1. Entity Name
 CILAS U.S., INC.

Principal Place of Business
 11420 FORTUNE CIRCLE
 SUITE 1-14
~~WEST PALM BEACH FL 33414~~
 US

Mailing Address
 11420 FORTUNE CIRCLE
 SUITE 1-14
~~WEST PALM BEACH FL 33414~~
 US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Wellington, FL
 Zip Country

City & State

Wellington, FL
 Zip Country

4. FEI Number 65-1013513

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.

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

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
 NAME UNGER, LARRY
 STREET ADDRESS ~~1101 N.W. 29TH STREET~~
 CITY-ST-ZIP ~~MIAMI FL 33142~~

☐ Delete

TITLE
 NAME
 STREET ADDRESS 11420 Fortune Circle # I-14
 CITY-ST-ZIP Wellington, FL 33414
☒ Change ☐ Addition

TITLE ST
 NAME MATHISEN, RAYMOND H
 STREET ADDRESS 737 PINEHURST WAY
 CITY-ST-ZIP PALM BEACH GARDENS FL 33418

☐ Delete

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

TITLE ~~CD~~
 NAME MAENNEL, CHRISTIAN
 STREET ADDRESS ~~1101 N.W. 29TH STREET~~
 CITY-ST-ZIP ~~MIAMI FL 33142~~

☐ Delete

TITLE C
 NAME
 STREET ADDRESS 11420 Fortune Circle # I-14
 CITY-ST-ZIP Wellington, FL 33414
☒ Change ☐ Addition

TITLE ~~D~~
 NAME CHAUVALLON, GERARD
 STREET ADDRESS 1101 FIFTEETH STREET, N.W., STE. 800
 CITY-ST-ZIP WASHINGTON DC 20005

☐ Delete

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

TITLE D
 NAME RENAUD, P. CLERC
 STREET ADDRESS 1101 FIFTEETH STREET, N.W., STE. 800
 CITY-ST-ZIP WASHINGTON DC 20005

☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LARRY R. UNGER

4/10

Date

561 7845690

Daytime Phone #

CR2E034 (9/01)