2001 UNIFORM BUSINESS REPORT (UBR)

192

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FILED

01 OCT 12 PM 3:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name

DEREMATE.COM U.S.A, Inc

Principal Place of Business	Mailing Address
201 South Biscayne Blvd 28th Floor Miami, FL 33131	201 South Biscayne Blvd. 28th Floor Miami, FL 33131

REINSTATEMENT DO NOT WRITE IN THIS SPACE J01001

2. Principal Place of Business	3. Mailing Address
201 South Biscayne Blvd	201 South Biscayne Blvd
Suite, Apt. #, etc.: 28th Floor	Suite, Apt. #, etc.: 28th Floor
City & State: Miami, FL	City & State: Miami, FL
Zip: 33131 Country: USA	Zip: 33131 Country: USA

4. FEI Number: 52-2231955 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CT Corporation System
1200 South Pine Island Road
Plantation FL 33324

7. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete See Annex A	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition See Annex A
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 900004649449--9 -10/23/01--01030--019 ****758.75 ****758.75
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (11/00)

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: Pilar Ramos Pilar Ramos 10/1/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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ANNEX A

TITLE	PD T
NAME	OXENFORD, ALEJANDRO
STREET ADDRESS	DEREMATE.COM U.S.A., INC. c/o DEREMATE.COM, INC.
CITY-ST-ZIP	201 SOUTH BISCAYNE BOULEVARD 28TH FLOOR MIAMI, FL 33131
TITLE	S
NAME	RAMOS, PILAR
STREET ADDRESS	DEREMATE.COM U.S.A., INC. c/o DEREMATE.COM, INC.
CITY-ST-ZIP	201 SOUTH BISCAYNE BOULEVARD 28TH FLOOR MIAMI, FL 33131
TITLE	TDS ☒ **Delete**
NAME	KENNEDY, ROGER
STREET ADDRESS	407 LINCOLN RD, PH NORTH
CITY-ST-ZIP	MIAMI BEACH, FL 33139