

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 08, 2001 8:00 am
Secretary of State

03-08-2001 90112 036 ***150.00

DOCUMENT # F95000002016

1. Entity Name
A. HARDY/U.S.A. LTD. INC.

Principal Place of Business Mailing Address
9501 WEST DEVON AVE. **9501 WEST DEVON AVE.**
ROSEMONT IL 60018 **ROSEMONT IL 60018**

2. Principal Place of Business 3. Mailing Address
9575 West Higgins Rd **9575 W. Higgins Rd**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
802 **Ste. 802**
 City & State City & State
ROSEMONT, IL **ROSEMONT, IL**
 Zip Country Zip Country
60018 **USA** **60018** **USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number **36-3916012** 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
CERA VOLO, A.J. Name **Mark Halpern**
LION IMPORTS, 762 SOUTH MILITARY TRAIL Street Address (P.O. Box Number is Not Acceptable) **Brittany Sales Company**
DEERFIELD BEACH FL 33442 **290 N.W. 165th St., Ste P-100**
 City City **Miami** **FL** Zip Code **33169**

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 *Mark Halpern* **Mark Halpern** DATE **3/8/01**
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. ☒ **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	CP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALSH, WILLIAM		NAME		
STREET ADDRESS	216 WHITE FAWN TRAIL		STREET ADDRESS		
CITY-ST-ZIP	DOWNERS GROVE IL		CITY-ST-ZIP		
TITLE	CST	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVINSON, MARK		NAME		
STREET ADDRESS	5229 DOBSON ST.		STREET ADDRESS		
CITY-ST-ZIP	SKOKIE IL		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: *William J. Walsh* **WILLIAM J. WALSH** Date **2-26-01** Daytime Phone # **647-698-9860**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)