

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000003552..

1. Entity Name
FIMAT USA, Inc.

FILED
Jun 12, 2000 8:00 am
Secretary of State

06-12-2000 90041 035 ***550.00

Principal Place of Business
238 Park Avenue North
Winter Park, FL 32789

Mailing Address
630 Fifth Avenue
Suite 500
New York, NY 10111

00063578

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

36-3620984

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CT 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, 2000 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	Chairman	<input type="checkbox"/> Delete
NAME	Stephen Bergan	
STREET ADDRESS	630 5th Avenue Suite 500	
CITY-ST-ZIP	New York, NY 10111	
TITLE	COO	<input type="checkbox"/> Delete
NAME	Cynthia Zettwanger	
STREET ADDRESS	181 West Madison suite 3450	
CITY-ST-ZIP	Chicago, IL 60602	
TITLE	Secretary	<input type="checkbox"/> Delete
NAME	Gary Dewaal	
STREET ADDRESS	630 5th Avenue Suite 500	
CITY-ST-ZIP	New York, NY 10111	
TITLE	CFD	<input type="checkbox"/> Delete
NAME	Jeffery Goldflam	
STREET ADDRESS	630 5th Avenue Suite 500	
CITY-ST-ZIP	New York, NY 10111	
TITLE	President	<input type="checkbox"/> Delete
NAME	Patrice Blanc	
STREET ADDRESS	630 5th Avenue Suite 500	
CITY-ST-ZIP	New York, NY 10111	
TITLE	Treasurer	<input type="checkbox"/> Delete
NAME	Thomas Locurto	
STREET ADDRESS	630 Fifth Avenue Suite 500	
CITY-ST-ZIP	New York, NY 10111	

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Treasurer

Date

Daytime Phone #

5/23/2000 (212) 504-7413

CR2E034 (9/99)