

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000003551

1. Entity Name
BIRGER CHRISTENSEN (USA), INC.

FILED
Jul 17, 2000 8:00 am
Secretary of State

07-17-2000 90080 010 ***550.00

Principal Place of Business
150 WEST 30TH ST.
NEW YORK NY 10001

Mailing Address
150 WEST 30TH ST.
NEW YORK NY 10001

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

20th Floor

Suite, Apt. #, etc.

20th Floor

City & State

City & State

4. FEI Number 13-3701963

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

LOPEZ, MARITZA
1537 NW 65TH AVE, STE 7
PLANTATION FL 33313

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 \$550.00
After SEPTEMBER 13, 2000 Min. 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 ☐ Delete

P
NAME
STREET ADDRESS
CITY-ST-ZIP
SPYROPOULOS, CHRIS
6 MONIKA CT.
BETHPAIGE NY 11714

TITLE ☐ Delete

V
NAME
STREET ADDRESS
CITY-ST-ZIP
ALCIVADES, JOHN
12 THEODORE DR.
PLAINVIEW NY 11803

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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CITY-ST-ZIP

TITLE ☐ Change ☐ 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(212) 947-7910

Daytime Phone #

CR2E034 (5/00)