

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 06, 2002 8:00 am**  
**Secretary of State**

08-06-2002 90128 014 \*\*\*150.00

**DOCUMENT # F97000006442**

1. Entity Name  
**AMIAD U.S.A., INC.**

Principal Place of Business  
**2220 CELSIUS AVENUE**  
**OXNARD CA 93030**  
**US**

Mailing Address  
**P.O. BOX 5547**  
**OXNARD CA 93031**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **95-3724204**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**FOURNIER, STEPHEN**  
~~3399 RENAULT CIRCLE~~ **7498 CROCK AVE**  
**NORTH PORT FL 34286**

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00**  
**After September 13, 2002 Fee 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	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>GASTER, ZALMAN</b>	
STREET ADDRESS	<b>D.N. CHEVEL KORAZIM</b>	
CITY-ST-ZIP	<b>ISRAEL 12335</b>	
TITLE	<b>DP PRES</b>	<input type="checkbox"/> Delete
NAME	<b>ORLANS, YITZHAK</b>	
STREET ADDRESS	<b>2220 CELSIUS AVE.</b>	
CITY-ST-ZIP	<b>OXNARD CA 93030</b>	
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 REQUIRED **ISSAC ORLANS** 7/31/02 805/988-3323  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (4/02)



**amiad** filtration systems®

Attachments

# F97-000006442  
123587

Division of Corporations  
Uniform Business Report Filings  
P. O. Box 1500  
Tallahassee, FL 32302-1500

July 30, 2002

To Whom It May Concern:

Due to the fact that this is the first notice we have received, please accept the enclosed check in the amount of \$150.00 for payment in full. We respectfully request that the penalty of \$400.00 be waived at this time.

Thank you in advance for your consideration in this matter.

Sincerely,



Issac Orlans  
President

io/nb

