

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000002843

1. Entity Name

RESIDENSEA (U.S.A.) INC.

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90353 048 ***150.00

Principal Place of Business

45 ROCKEFELLER PLAZA, 20TH FL.
NEW YORK NY 10111

Mailing Address

45 ROCKEFELLER PLAZA, 20TH FL.
NEW YORK NY 10111

80038853



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

13-3935683

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

C T 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, 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 P
NAME TRIMMER, CHARLENE A
STREET ADDRESS 16449 SW 84TH PLACE
CITY-STATE-ZIP MIAMI FL 33157 ☒ Delete

TITLE D
NAME Ron Kurtz
STREET ADDRESS 3769 NE. 209 Terrace
CITY-STATE-ZIP Aventura, FL 33180 ☐ Change ☒ Addition

TITLE D
NAME DELLIS, FREDY M
STREET ADDRESS 6480 SW 107 STREET
CITY-STATE-ZIP MIAMI FL 33156 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE S
NAME WHARTON, L. ANDREW
STREET ADDRESS 635 GUDID AVE. #104
CITY-STATE-ZIP MIAMI BEACH FL 33139 ☐ Delete

TITLE
NAME
STREET ADDRESS 635 Euclid Avenue
CITY-STATE-ZIP ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ Addition

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

Date

Daytime Phone #

4/17/01 305 2649090

CR2E034 (10/00)