

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90173 025 ***150.00

0621260 AI

DOCUMENT # F99000003689

1. Entity Name

DURATEX NORTH AMERICA, INC.

Principal Place of Business

**1208 EASTCHESTER DRIVE, SUITE 202
HIGH POINT NC 27265**

Mailing Address

**1208 EASTCHESTER DRIVE, SUITE 202
HIGH POINT NC 27265**

964327



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

13-2899570

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, 2002 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 ☐ Delete
NAME **CP**
STREET ADDRESS **PAULO SETUBAL NETO**
CITY-ST-ZIP **AV PAULISTA 1938**
SAO PAULO, BRAZIL 01310-200

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

TITLE ☐ Delete
NAME **DV**
STREET ADDRESS **PLINIO DO AMARAL PINHEIRO**
CITY-ST-ZIP **AV PAULISTA 1938**
SAO PAULO, BRAZIL 01310-200

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

TITLE ☒ Delete
NAME **D**
STREET ADDRESS **JAMES PAGE HUNNICUTT**
CITY-ST-ZIP **3764 PRAIRIE DUNES DRIVE**
SARASOTA FL 34238

TITLE ☐ Change ☒ Addition
NAME **D**
STREET ADDRESS **WIKSTROM, Gary G.**
CITY-ST-ZIP **1208 Eastchester Drive, Suite 202**
HIGH POINT, NC 27265

TITLE ☒ Delete
NAME **ST**
STREET ADDRESS **WIKSTROM, GARY G**
CITY-ST-ZIP **1208 EASTCHESTER DRIVE, SUITE 202**
HIGH POINT NC 27265

TITLE ☐ Change ☒ Addition
NAME **ST**
STREET ADDRESS **Kusiak, Philip F.**
CITY-ST-ZIP **1208 Eastchester Drive, Suite 202**
High Point, NC 27265

TITLE ☐ Delete
NAME **S**
STREET ADDRESS **MANUBENS, ENRIQUE J**
CITY-ST-ZIP **AV PAULISTA 1938**
SAO PAULO, BRAZIL 01310-200

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

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **DE OLIVEIRA NETO, RAUL P**
CITY-ST-ZIP **AV PAULISTA 1938**
SAO PAULO, BRAZIL 01310-200

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 Phil Kusiak

3-12-02

336-885-1500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

DIXON ODOM PLLC

56-0747981

FEB 28 2002

CR2E034 (9/01)