

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000004144

1. Entity Name

FAMILIA USA INC.

Principal Place of Business

CORP. DIRECT AGENTS
103 N. MERIDIAN STREET
TALLAHASSEE FL 32301

Mailing Address

584 COLUMBUS AVENUE
THORNWOOD NY 10594

2. Principal Place of Business

584 COLUMBUS AV.

3. Mailing Address

Suite, Apt. #, etc.

City & State

THORNWOOD, NY

City & State

Zip

10594

Country

U.S.A.

Zip

Country

4. FEI Number

06-1500091

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPDIRECT AGENTS
103 N. MERIDIAN STREET
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE PD
NAME DIAZ-TORRE, EMILIO
STREET ADDRESS 393 DERBY AVENUE
CITY-ST-ZIP ORANGE CT 06477 ☐ Delete

TITLE VPD
NAME LARSON, JAMES
STREET ADDRESS 89 W. LOGAN STREET
CITY-ST-ZIP LEMONT IL 60439 ☐ Delete

TITLE TSD
NAME SABADELL, JUAN
STREET ADDRESS 584 COLUMBUS AVENUE
CITY-ST-ZIP THORNWOOD NY 10594 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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NAME
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CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 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 #

1/11/02

(914) 773-1368



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)