

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G19231

1. Entity Name

TERSIT-USA, INC.

FILED
Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90049 042 ***150.00

Principal Place of Business

Mailing Address

12525 US HWY 27 N
FL 33837

609 AVALON BLVD
ORLANDO FL 32806-4006
US

A0010459



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

12222 US Hwy 27 N
Suite, Apt. #, etc.

Davenport FL
City & State

33837

Zip

US

Country

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 59-2244219

Applied For

Not Applicable

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

BORNSTEIN, DAVID
12525 U.S. HWY 27 NORTH
DAVENPORT FL 33837

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)

1/18/00
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, 2000 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 VPT
NAME BORNSTEIN, RITA
STREET ADDRESS 1401 ARTHUR ST.
CITY-ST-ZIP ORLANDO, FL 00000 ☐ Delete

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

TITLE D
NAME ROCHE, DREAMA
STREET ADDRESS 501 N. MAGNOLIA AVE, STE A
CITY-ST-ZIP ORLANDO FL ☒ Delete

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

TITLE PD
NAME BORNSTEIN, DAVID
STREET ADDRESS 609 AVALON BLVD.
CITY-ST-ZIP ORLANDO FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/00
Date

1-863-424-2403
Daytime Phone #

CR2E034 (9/99)