

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G19231

1. Entity Name
TERSIT-USA, INC.

FILED
Feb 28, 2001 8:00 am
Secretary of State

02-28-2001 90008 043 ***150.00

Principal Place of Business

12222 US HWY 7 N
DAVENPORT FL 33837
US

Mailing Address

609 AVALON BLVD
ORLANDO FL 32806
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

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

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

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

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

TITLE VPT
NAME BORNSTEIN, RITA
STREET ADDRESS 1401 ARTHUR ST.
CITY-ST-ZIP ORLANDO, FL 00000 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ^{UP}
NAME Rite Bornstein
STREET ADDRESS 116 Smoke Trail
CITY-ST-ZIP Longwood FL 32779 ☒ Change ☐ Addition

TITLE PD
NAME Bornstein, David
STREET ADDRESS 1107 Shady Run Ln.
CITY-ST-ZIP McRae, FL 32757 ☒ Change ☐ Addition

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

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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/01

Date

8634242483

Daytime Phone #

CR2E034 (10/00)