

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G59008

1. Entity Name

HELIOCOL USA, INC.

FILED
Mar 31, 2000 8:00 am
Secretary of State

03-31-2000 90088 012 ***150.00

Principal Place of Business

Mailing Address

% VICTOR A. EYAL
927 FERN ST. STE 200
ALTAMONTE SPRINGS FL 32701

% VICTOR A. EYAL
927 FERN ST. STE 200
ALTAMONTE SPRINGS FL 32701-2744

00043700



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

59-2320783

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

EYAL, VICTOR A
161 CROWN POINT CIRCLE
LONGWOOD FL 32779

Name Eyal, Victor A.

Street Address (P.O. Box Number is Not Acceptable)

927 FERN ST. STE 200

City ALTAMONTE SPRINGS FL

Zip Code 32701

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

VICTOR EYAL

3/20/00

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 PD
NAME EYAL, VICTOR A.
STREET ADDRESS 161 CROWN POINT CIRCLE
CITY-ST-ZIP LONGWOOD FL ☐ Delete

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 927 FERN ST, STE 200
CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32701

TITLE VT
NAME EYAL, RONIT
STREET ADDRESS 161 CROWN POINT CIRCLE
CITY-ST-ZIP LONGWOOD FL ☐ Delete

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 927 FERN ST, STE 200
CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32701

TITLE ST
NAME EYAL, VICTOR A.
STREET ADDRESS 161 CROWN POINT CIRCLE
CITY-ST-ZIP LONGWOOD FL ☐ Delete

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 927 FERN ST, STE 200
CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32701

TITLE V
NAME SHATSKI, JOE
STREET ADDRESS KIBBUTZMAGEN, DN
CITY-ST-ZIP HANAGEV IS ☐ Delete

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

VICTOR EYAL 3/20/00 407-831-1941

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)