

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2001 8:00 am
Secretary of State

04-04-2001 90067 025 ***150.00

0278341

DOCUMENT # K61535

1. Entity Name

PAROTYPE (USA), INC.

Principal Place of Business

**10254 NW 47TH ST.
SUNRISE FL 33351
US**

Mailing Address

**10254 NW 47TH ST.
SUNRISE FL 33351
US**

2. Principal Place of Business

4891 NW 103rd Avenue

Suite, Apt. #, etc.

Suite 11-J

City & State

Sunrise, Florida

Zip

33351

Country

Broward

3. Mailing Address

4891 NW 103rd Avenue

Suite, Apt. #, etc.

Suite 11-J

City & State

Sunrise, Florida

Zip

33351

Country

Broward

4. FEI Number

65-0094915

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HOHENADEL, FRANZ J.
10254 NW 47TH ST.
SUNRISE FL 33351**

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 **C** ☐ Delete
NAME **BARUSCHKE, MICHAEL H.**
STREET ADDRESS **10254 NW 47TH ST.**
CITY-ST-ZIP **SUNRISE FL**

TITLE **P** ☐ Delete
NAME **HOHENADEL, FRANZ, J**
STREET ADDRESS **10254 NW 47TH ST.**
CITY-ST-ZIP **SUNRISE FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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 of the corporation; that I am not disqualified by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an affidavit of change.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/02/01 (954) 741-0088

Date

Daytime Phone #

CR2E034 (10/00)