

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L55077

1. Entity Name
CALOI USA INC.

FILED
Aug 11, 2000 8:00 am
Secretary of State

08-11-2000 90001 027 ***550.00

Principal Place of Business

703 E. ASHLEY ST.
JACKSONVILLE FL 32202
US

Mailing Address

703 E. ASHLEY ST.
JACKSONVILLE FL 32202
US

00070100



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

90 Industrial Loop

3. Mailing Address

90 Industrial Loop

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orange Park, FL

City & State

Orange Park, FL

4. FEI Number

59-2997919

Applied For

Not Applicable

Zip

Country

32073 USA

Zip

Country

32073 USA

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HAGEN, THOMAS E
703 E ASHLEY ST.
JACKSONVILLE FL 32202

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 \$550.00
After SEPTEMBER 13, 2000. Min. will be \$750.00
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 D
NAME CALOI, BRUNO ANTONIO, JR ☒ Delete
STREET ADDRESS AV GUIDO CALOI-1331
CITY-ST-ZIP SAO PAULO, BRAZIL

TITLE V
NAME HAGEN, THOMAS ☐ Delete
STREET ADDRESS 703 ASHLEY ST
CITY-ST-ZIP JACKSONVILLE FL 32202

TITLE S
NAME CARTER, ANDREW C ☐ Delete
STREET ADDRESS 703 E. ASHLEY ST.
CITY-ST-ZIP JACKSONVILLE FL 32202

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE 71040 ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Change ☒ Addition
NAME Fernandes, Jose Luis
STREET ADDRESS Av. Guido Caloi-1331
CITY-ST-ZIP Sao Paulo, Brazil 05802-140

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

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

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

TITLE ☐ Change ☐ Addition
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 of Andrew Carter
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)