

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000005758

1. Entity Name

TRESHOE US INC.

FILED
Mar 13, 2001 8:00 am
Secretary of State

03-13-2001 90072 026 ***150.00

Principal Place of Business

Mailing Address

7464 N.W. 8TH STREET
MIAMI FL 33126

7464 N.W. 8TH STREET
MIAMI FL 33126

2. Principal Place of Business

3. Mailing Address

Po Box 1288
Suite, Apt. #, etc.
HALLANDALE, FLORIDA
City & State

Po Box 1288
Suite, Apt. #, etc.
HALLANDALE FLORIDA
City & State



DO NOT WRITE IN THIS SPACE

Zip
33008-1288

Country
U.S.A.

Zip
33008-1288

Country
U.S.A.

4. FEI Number

65-0976121

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

LEIZOREK, ENRIQUE
7464 N.W. 8TH STREET
MIAMI FL 33126

Name

LEIZOREK, ENRIQUE

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

18181 N.E. 31ST CT. APT. 801

City

NORTH MIAMI BEACH

FL

Zip Code

33160

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
LEIZOREK, ENRIQUE
7464 N.W. 8TH STREET
MIAMI FL 33126 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
LEIZOREK, ENRIQUE
18181 N.E. 31ST CT. APT 801
NORTH MIAMI BEACH, FLORIDA 33160 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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☐ Change ☐ Addition

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TITLE
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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 a power like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/01

305-267-9500

Date

Daytime Phone #

CR2E034 (10/00)