

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000016630

1. Entity Name

CLEAN-MARK USA INC.



FILED
Jun 15, 2001 8:00 am
Secretary of State

05-17-2001 91082 037 ***150.00

Principal Place of Business

2000 GLADES ROAD
SUITE 400
BOCA RATON FL 33431

Mailing Address

2000 GLADES ROAD
SUITE 400
BOCA RATON FL 33431

2. Principal Place of Business

2800 14th AVENUE

507

3. Mailing Address

2800 14th AVENUE

507

City & State

MARKHAM ONTARIO

Zip

L3R 0E4

Country

CANADA

City & State

MARKHAM ONTARIO

Zip

L3R 0E4

Country

CANADA

4. FEI Number

65-0987809

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HRAWG CORP.

2000 GLADES ROAD

SUITE 400

BOCA RATON FL 33431

7. Name and Address of New Registered Agent

Name

HRAWG CORP.

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

1801 N. MILITARY TRAIL SUITE 200

City

BOCA RATON

FL

Zip Code

33431

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

Larry Corn

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

June 8, 2001

DATE

9. This corporation is eligible to satisfy its intangible

Tax filing requirement and elects to do so.

(See criteria on back)

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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.

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**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

P/S/D
JOHN VAVITSAS
2800 14th AVE #507
MARKHAM ONTARIO, CANADA L3R 0E4

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ 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

Date

Daytime Phone #

CR2E034 (10/00)