

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 20, 2001 8:00 am**  
**Secretary of State**  
 04-20-2001 90103 001 \*\*\*750.00

**DOCUMENT #** P00000031600  
**1. Entity Name**  
 Domain Americas, Inc. ✓

**Principal Place of Business** 17701 Biscayne Boulevard  
 Third Floor  
 Aventura, FL 33160  
**Mailing Address** 17701 Biscayne Blvd.  
 Third Floor  
 Aventura, FL 33160

**2. Principal Place of Business**  
 Suite, Apt. #, etc.  
**3. Mailing Address**  
 Suite, Apt. #, etc.

**City & State**  
 City: Aventura, State: FL  
**Zip**  
 33160

**4. FEI Number** Applied For  
**5. Certificate of Status Desired** ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**  
 Nemser & Hollis, P.A.  
 18999 Biscayne Boulevard  
 North Miami Beach, FL 33180

**7. Name and Address of New Registered Agent**  
 Name: Arie Nachler  
 Street Address (P.O. Box Number is Not Acceptable):  
 17701 Biscayne Blvd., Third Floor  
 City: Aventura, State: 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** *Arie Nachler* **DATE** 4/11/01  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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**

<b>TITLE</b> P & D	<input type="checkbox"/> Delete
<b>NAME</b> POSPISCHEL, GUSTAVO	
<b>STREET ADDRESS</b> 17701 Biscayne Blvd., 3rd Floor	
<b>CITY-ST-ZIP</b> Aventura, FL 33160	
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b> P & D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>NAME</b> POSPISCHEL, GUSTAVO	
<b>STREET ADDRESS</b> 17701 Biscayne Blvd., 3rd Floor	
<b>CITY-ST-ZIP</b> Aventura, FL 33160	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**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:** *Gustavo Pospischel* **DATE** 4/11/01 **Daytime Phone #** 305-931-7270  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/00)