

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000036242

1. Entity Name

FLOATING SYSTEMS USA, INC.

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90146 045 ***150.00

Principal Place of Business

1492 NW 158 AVENUE
PEMBROKE PINES FL 33028

Mailing Address

1492 NW 158 AVENUE
PEMBROKE PINES FL 33028

2. Principal Place of Business

4851 NW 103 AV

Suite, Apt. #, etc.

#55B

City & State

SUNRISE FL

Zip

33351

Country

3. Mailing Address

903 CYPRESS GROVE DR

Suite, Apt. #, etc.

#105

City & State

POMPANO Bch FL

Zip

33069

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0999445

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARQUEZ, JORGE A
1492 NW 158 AVENUE
PEMBROKE PINES FL 33028

7. Name and Address of New Registered Agent

Name

MARQUEZ, JULIO A

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

903 CYPRESS GROVE DR

#105

City

POMPANO BEACH FL

Zip Code

33069

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 ☐ Delete
NAME D
STREET ADDRESS MARQUEZ, JORGE A
CITY-ST-ZIP 1492 NW 158 AVENUE
PEMBROKE PINES FL 33028

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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 MARQUEZ, JULIO A
STREET ADDRESS 903 CYPRESS GROVE DR #105
CITY-ST-ZIP POMPANO Bch FL 33069

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

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

0114896