

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000043808

1. Entity Name

MARCHLAND HOLDINGS (USA) INC.

Principal Place of Business

3800 GALT OCEAN DRIVE APT. 612  
FT. LAUDERDALE FL 33308

Mailing Address

3800 GALT OCEAN DRIVE APT. 612  
FT. LAUDERDALE FL 33308

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1009024

Applied For:

No: Application

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SANCHEZ, ERNESTO P.A.  
814 PONCE DE LEON BLVD.  
SUITE 505  
CORAL GABLES FL 33134

Name

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

City

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's 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  
JASSAN, ELIAS  
3800 GALT OCEAN DRIVE APT. 612  
FT. LAUDERDALE FL 33308

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

P

Change

Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D  
JASSAN, DORA C  
3800 GALT OCEAN DRIVE APT. 612  
FT. LAUDERDALE FL 33308

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

VP + Secretary

Change

Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change

Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change

Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

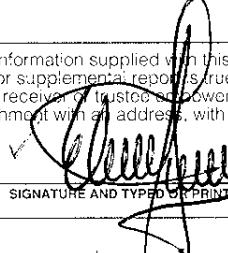
Delete

TITLE  
NAME  
STREET ADDRESS  
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 reports 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 emendments.



Elias Jassan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



16/01

(305) 4412040

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)