

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000043808

1. Entity Name

MARCHLAND HOLDINGS (USA) INC.

**FILED**  
**Apr 30, 2001 8:00 am**  
**Secretary of State**

04-30-2001 90052 028 \*\*\*158.75

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

65-100 9024

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

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

State

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	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
D	JASSAN, ELIAS	3800 GALT OCEAN DRIVE APT. 612	FT. LAUDERDALE FL 33308	P			
D	JASSAN, DORA C	3800 GALT OCEAN DRIVE APT. 612	FT. LAUDERDALE FL 33308	VP + Secretary			

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 empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Elias Jassan

Date

Daytime Phone #

4/16/01

(305) 4412040

CR2E034 (10/00)