

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2001 8:00 am
Secretary of State

04-12-2001 90006 049 ***158.75

0274705

DOCUMENT # P00000068090

1. Entity Name

BRITILANA USA CORPORATION

Principal Place of Business

Mailing Address

**4711 NW 79 AVENUE
SUITE 18R
MIAMI FL 33166**

~~1936 SOUTH POST ROAD UNIT 301
WESTON FL 33391~~

2. Principal Place of Business

3. Mailing Address

1936 Aspen Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Weston Fl

Zip

Country

Zip

33327-2357

Country

US

4. FEI Number

65-1024399

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

**GERSTEIN, WILLIAM
1300 NORTH FEDERAL HIGHWAY
SUITE 203
BOCA RATON FL 33432**

Name

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

City

FL

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 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 ☐ Delete
NAME **D**
STREET ADDRESS **ZARMATI, JAIME**
CITY-ST-ZIP **4711 NW 79 AVENUE SUITE 18R
MIAMI FL 33166**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: *Jaime Zarmati*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAIME ZARMATI

4/9/2001

Date

954-659 8381

Daytime Phone #

CR2E034 (10/00)