

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 18, 2002 8:00 am**  
**Secretary of State**

04-18-2002 90399 017 \*\*\*150.00

**DOCUMENT # P00000068090**

**1. Entity Name**  
**BRITILANA USA CORPORATION**

**Principal Place of Business**

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

**Mailing Address**

**1936 ASPEN LANE  
 WESTON FL 33327**

**2. Principal Place of Business**

**1860 North Pine Island Rd**

**3. Mailing Address**

**6151 Miramar Pkwy**

**Suite, Apt. #, etc.**

**# 197**

**Suite, Apt. #, etc.**

**# 301**

**City & State**

**Plantation FL**

**City & State**

**Miramar FL**

**Zip**

**33322**

**Country**

**USA**

**Zip**

**33023**

**Country**

**USA**

DO NOT WRITE IN THIS SPACE

**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**

**GERSTEIN, WILLIAM**

**1300 NORTH FEDERAL HIGHWAY  
 SUITE 203  
 BOCA RATON FL 33432**

**7. Name and Address of New Registered Agent**

**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, 2002 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** **D** **ZARMATI, JAIME** ☒ Delete  
**NAME**  
**STREET ADDRESS** **4711 NW 79 AVENUE SUITE 18R**  
**CITY-ST-ZIP** **MIAMI FL 33166**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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

**TITLE** **D** **Zarmati, Jaime** ☒ Change ☐ Addition  
**NAME**  
**STREET ADDRESS** **1860 North Pine Island Rd. #107**  
**CITY-ST-ZIP** **Plantation FL 33322**

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

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

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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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*04/09/02 (934) 659-8381*

CR2E034 (9/01)