

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90258 047 ***150.00

DOCUMENT # P00000086080

1. Entity Name

FEMISAN OF AMERICA, INC.

Principal Place of Business

5635 WEST HALLANDALE BEACH BOULEVARD
 HOLLYWOOD FL 33023

Mailing Address

5635 WEST HALLANDALE BEACH BOULEVARD
 HOLLYWOOD FL 33023

2. Principal Place of Business

3. Mailing Address

7000 PINES BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

PEMBROKE PINES, FL

Zip

Country

Zip

Country

33024

U.S.A

4. FEI Number

65-1047558

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

MAHON, TIMOTHY K
 2929 EAST COMMERCIAL BLVD.
 PENTHOUSE #E
 FORT LAUDERDALE FL 33308

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)

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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.

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\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
 NAME DEJTIAR, ARIEL E
 STREET ADDRESS 5635 WEST HALLANDALE BEACH BOULEVARD
 CITY-ST-ZIP HOLLYWOOD FL 33023

☐ Delete

TITLE SV
 NAME ROLDAN, GLADYS M
 STREET ADDRESS 5635 WEST HALLANDALE BEACH BOULEVARD
 CITY-ST-ZIP HOLLYWOOD FL 33023

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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

ARIEL DEJTIAR

Date

Daytime Phone #

04/30/01 (954) 966-7228

CR2E034 (10/00)