

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000093365

1. Entity Name
GERMANOS U.S.A., INC.

FILED
Sep 13, 2001 8:00 am
Secretary of State

09-13-2001 90014 036 ***550.00

008587 AV

Principal Place of Business
1219 FAIRLAKE TRACE
WESTON FL 33326

Mailing Address
1219 FAIRLAKE TRACE
WESTON FL 33326



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1235 FAIRLAKE TRACE

3. Mailing Address
1235 FAIRLAKE TRACE

Suite, Apt. #, etc.
502

Suite, Apt. #, etc.
502

City & State
WESTON - FLORIDA

City & State
WESTON - FLORIDA

4. FEI Number
65-1062734

Applied For
Not Applicable

Zip
33326

Country
BARBADOS

Zip
33326

Country
BARBADOS

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GOMEZ, GERARDO
1219 FAIRLAKE TRACE
WESTON FL 33326

7. Name and Address of New Registered Agent

Name

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

1235 FAIRLAKE TRACE UNIT #502

City
Weston

FL Zip Code
33326

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
GOMEZ, GERARDO
1219 FAIRLAKE TRACE
WESTON FL 33326 ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
GOMEZ, GERARDO
1235 FAIRLAKE TRACE
WESTON FL - 33326 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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☐ 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 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

Sept. 10/01

(954)3841695

Date

Daytime Phone #

CR2E034 (5/01)