

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000113086

1. Entity Name

HELIOS-M U.S.A., INC.

**FILED**  
**Mar 21, 2001 8:00 am**  
**Secretary of State**

03-21-2001 90070 016 \*\*\*150.00

0004901

Principal Place of Business  
1111 KANE CONCOURSE  
SUITE 607  
BAY HARBOUR ISLANDS FL 33154

Mailing Address  
1111 KANE CONCOURSE  
SUITE 607  
BAY HARBOUR ISLANDS FL 33154

00027786



DO NOT WRITE IN THIS SPACE

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 **65-1060365**

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

KATSMAN, MARK ESQ.  
5 ISLAND AVENUE  
SUITE 15D  
MIAMI BEACH FL 33139

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DPVT  
MANASSIAN, ARSEN  
1111 KANE CONCOURSE SUITE 607  
BAY HARBOUR ISLANDS FL 33154 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DVS  
GLICKMAN, SVETLANA  
1111 KANE CONCOURSE SUITE 607  
BAY HARBOUR ISLANDS FL 33154 ☒ Delete

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

TITLE  
NAME  
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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:

*Armen Manassian, President*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-19-01 305-867-2900

Date

Daytime Phone #

CR2E034 (10/00)