

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 08, 2002 8:00 am
Secretary of State

09-08-2002 90099 005 ***550.00

DOCUMENT # P00000113086

1. Entity Name
HELIOS-M U.S.A., INC.

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**

2. Principal Place of Business

2690 N.W. 112 Ave

3. Mailing Address

2690 N.W. 112 Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL 33172

City & State

MIAMI, FL

4. FEI Number

65-1060365

Applied For

Not Applicable

Zip

33172

Country

Zip

33172

Country

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. I am familiar with, and accept the obligations of registered agent.

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 13, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-3-02 (305)629-9225

Date

Daytime Phone #

CR2E034 (4/02)