

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2003 8:00 am**  
**Secretary of State**

04-17-2003 90643 016 \*\*\*150.00

CR2E034 (10/02)

**DOCUMENT # P01000038474**

1. Entity Name

**DAMIAN USA, INC.**



Principal Place of Business

**1100 NE 7TH STREET  
HALLANDALE FL 33009**

Mailing Address

**1100 NE 7TH STREET  
HALLANDALE FL 33009**

2. Principal Place of Business

**1025 E. HALLANDALE BEACH BLVD**

3. Mailing Address

**7714 NW 18th CT.**

Suite, Apt. #, etc.

**#18**

Suite, Apt. #, etc.

City & State

**HALLANDALE BEACH, FL**

City & State

**PEMBROKE PINES, FL**

Zip

**33009**

Country

**U.S.A**

Zip

**33024**

Country

**USA**

4. FEI Number

**65-1093989**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**DAMIAN, ILIE**

**1100 NE 7TH STREET**

**HALLANDALE FL 33009**

7. Name and Address of New Registered Agent

Name

**DAMIAN, ILIE**

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

**7714 NW 18th CT**

City

**PEMBROKE PINES**

FL

Zip Code

**33024**

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]*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**04/14/03**

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete  
NAME **DAMIAN, ILIE**  
STREET ADDRESS **1100 NE 7TH STREET**  
CITY-ST-ZIP **HALLANDALE FL 33009**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition  
NAME **DAMIAN, ILIE**  
STREET ADDRESS **7714 NW 18th CT**  
CITY-ST-ZIP **PEMBROKE PINES, FL 33024**

TITLE **VP** ☐ Change ☒ Addition  
NAME **DAMIAN, MARINELA**  
STREET ADDRESS **7714 NW 18th CT.**  
CITY-ST-ZIP **PEMBROKE PINES, FL 33024**

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

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04/14/03**

Date

**954 457 8140**

Daytime Phone #