

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 22, 2002 8:00 am**  
**Secretary of State**

04-22-2002 90125 024 \*\*\*150.00

**DOCUMENT # P01000056924**

1. Entity Name  
**MODELLBAU USA, INC.**

Principal Place of Business  
**16561 TURQUOISE TRAIL**  
**WESTON FL 33331**  
**US**

Mailing Address  
**16561 TURQUOISE TRAIL**  
**WESTON FL 33331**  
**US**

2. Principal Place of Business  
**741 SHOTGUN RD.**  
 Suite, Apt. #, etc.

3. Mailing Address  
**741 SHOTGUN RD**  
 Suite, Apt. #, etc.

City & State  
**SUNRISE, FL**

City & State  
**SUNRISE, FL**

4. FEI Number  
**65-1114957**

Applied For  
 Not Applicable

Zip  
**33326**

Country  
**USA**

Zip  
**33326**

Country  
**USA**

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**

**ROSEN, HARRY**  
**2500 WESTON RD.**  
**220**  
**WESTON FL 33331**

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 **ROSEN HARRY**

**04/11/02**

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, 2002 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  
**PD**  
**ALACRON, ALBERTO**  
**16561 TURQUOISE TR.**  
**WESTON FL 33331** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**PD**  
**ALACRON, ALBERTO**  
**741 SHOTGUN RD.**  
**SUNRISE, FL 33326** ☒ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

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

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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

**04/11/02**

Date

**954 4765574**

Daytime Phone #

CR2E034 (9/01)