

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

3/2

**FILED**  
**Apr 07, 2003 8:00 am**  
**Secretary of State**

03-24-2003 90183 037 \*\*\*150.00

**DOCUMENT # P02000014050**

1. Entity Name

**TEIKON AMERICA CORPORATION**



Principal Place of Business  
**11870 W STATE RD 84 #C10  
DAVIE FL 33325**

Mailing Address  
**11870 W STATE RD 84 #C10  
DAVIE FL 33325**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**743028695**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**FRANSON, PAUL  
9050 PINES BLVD #450  
PEMBROKE PINES FL 33024**

7. Name and Address of New Registered Agent

Name **FRANSON, PAUL**  
Street Address (P.O. Box Number is Not Acceptable) **156-C SOUTH UNIVERSITY DRIVE**  
City **PLANTATION** FL **33324**

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

**3/18/03**

**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	DP	<input type="checkbox"/> Delete
NAME	GERBASE, LUIS F	
STREET ADDRESS	11870 W STATE RD 84 #C10	
CITY-ST-ZIP	DAVIE FL 33325	
TITLE	DV	<input type="checkbox"/> Delete
NAME	ALBECHT, JOSE A	
STREET ADDRESS	11870 W STATE RD 84 #C10	
CITY-ST-ZIP	DAVIE FL 33325	
TITLE	DTS	<input type="checkbox"/> Delete
NAME	VIANNA, CLAUDIA	
STREET ADDRESS	11870 W STATE RD 84 #C10	
CITY-ST-ZIP	DAVIE FL 33325	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: CLAUDIA VIANNA** **02/03/03** **954-382-1455**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)