

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91900 045 ***150.00

02A3103 AV

DOCUMENT # P02000053734

1. Entity Name
HANDEL USA INC.



Principal Place of Business
**5700 COLLINS AVE.
10 N
MIAMI BEACH FL 33140**

Mailing Address
**5700 COLLINS AVE.
10 N
MIAMI BEACH FL 33140**



2. Principal Place of Business
532 CASCADE FALLS DRIVE
Suite, Apt. #, etc.

3. Mailing Address
532 CASCADE FALLS DRIVE
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
WESTON, FLORIDA

City & State
WESTON, FL

4. FEI Number
81-0556686

Applied For
☐ Not Applicable

Zip
33327 Country

Zip
33327 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

**ROJAS, PATRICIO
5700 COLLINS AVE.
10 N
MIAMI BEACH FL 33140**

Name
ROJAS, PATRICIO
Street Address (P.O. Box Number is Not Acceptable)
532 CASCADE FALLS DRIVE
City
WESTON FL Zip Code
33327

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

(NOTE: Registered Agent signature required when reinstating)

04/28/03
DATE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D ROJAS, PATRICIO ☐ Delete
5700 COLLINS AVE. # 10 N
MIAMI BEACH FL 33140

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
532 CASCADE FALLS DR
WESTON, FL 33327

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

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/03

Date

Daytime Phone #

CR2E034 (10/02)