## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT#** 

P02000091549

1. Entity Name

PRESSING USA, INC.



Principal Place of Business Mailing Address
12950 WEST COLONIAL DRIVE 12950 WEST COLONIAL DRIVE
WINTER GARDEN FL 34787 WINTER GARDEN FL 34787

WINTER GARDEN FL 34787		WINTER GARDEN	WINTER GARDEN FL 34787				LI 11001 1111 1	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
2. Principal Place of Business		3. Mailing Addres	3. Mailing Address			I BREKINDE DIK KOKIN KUNAK ODICI DOCIL DESIC DOLLA -		,010 1011 1841
Suite, Apt. #, etc.		Suite, Apt. #, e	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES		
City & State		City & State			4. FEII	Number 81-056 7449	0567449   Applied For   Not Applicable	
Zip	Country	Zip	Zip Cour		5. Cert	5. Certificate of Status Desired   \$8.75 Additional Fee Required		
	6. Name and Address of Cui	rrent Registered Agent	egistered Agent			7. Name and Address of New Registered Agent		
	·			Name				
ACERO, MANUEL F				Street Address (P.O. Box Number.is Not Acceptable)				
12950 WEST COLONIAL DRIVE				Site of Address (F. O. Box Homberts To Mode State)				
WINTER G	ARDEN FL 34787							
				City		FL	Zip Code	<b>)</b>
8. The above	named entity submits this statem	ent for the purpose of cha	nging its registe	ered office or re	gistered agent,	or both, in the State of Florida. I am fa	miliar with,	and accept
	tions of registered agent.				-			
SIGNATURE								
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable.	(NOTE: Registe	ored Agent signature r	required when reinsta	ting) DATE	•	
F	ILE NOW!!! FEE IS \$150.00							_
	r May 1, 2003 Fee will be \$550					9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.		
Make Checi	c Payable to Florida Departme	ent of State				mast and commission.	, 14404	10 7 000
10.	OFFICERS	AND DIRECTORS	11	l.	ADDIT	IONS/CHANGES TO OFFICERS AND D	DIRECTORS	3 IN 11
TITLE	DP	☐ De	lete TI	TLE			☐ Change	Addition
NAME	ACERO, MANUEL F			AME				
STREET ADDRESS	12950 WEST COLONIAL DRI	VE	-	REET ADDRESS				
CITY-ST-ZIP	WINTER GARDEN FL 34787			TY-ST-ZIP				
TITLE		☐ De		TLE			☐ Change	☐ Addition
NAME				AME REET ADDRESS				
STREET ADDRESS CITY-ST-ZIP				TY-ST-ZIP				
··		□ De		TLE			Change	☐ Addition
TITLE NAME		∟ Ue	• • • • • • • • • • • • • • • • • • • •	AME		•	onange	
STREET ADDRESS	•			REET ADDRESS	4.4			1
CITY-ST-ZIP				TY-ST-ZIP				
TITLE		□ Oe		TLE	· · · · ·	·	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 addition, with all other like empowered.

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Delete

Date

Daytime Phone #

Change

**FILED** 

Feb 03, 2003 8:00 am Secretary of State

02-03-2003 90044 013 \*\*\*150.00

2F034 (10/02)

Addition

☐ Addition