

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****Jul 06, 2000 08:00 AM****Secretary of State****DOCUMENT # P93000020181****1. Entity Name**

COMPASS NORTH AMERICA, INC.

**Principal Place of Business**

440 VILABELLA AVE

CORAL GABLES

33146

FL

US

**Mailing Address**

1825 PONCE DE LEON BLVD

STE 330

CORAL GABLES

33134

FL

US

**2. Principal Place of Business**

72 NE 104TH ST.

**3. Mailing Address**

1825 PONCE DE LEON BLVD

Suite, Apt. #, etc.

PMB# 330

Suite, Apt. #, etc.

**City & State**

MIAMI SHORES

FL

**City & State**

CORAL GABLES

FL

Zip

33138

Country

US

Zip

33134

Country

US

**4. FEI Number**

65-0404787

Applied For

Not Applicable

**5. Certificate of Status Desired**☐**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

MIHAIU GEORGE M

440 VILABELLA AVE.

CORAL GABLES

33146

FL

US

**7. Name and Address of New Registered Agent**

Name

MIHAIU GEORGE M

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

72 NE 104TH ST.

City

MIAMI SHORES

FL

Zip Code

33138

**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**

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

(NOTE: Registered Agent signature required when reinstating)

**07/06/2000**

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, 2000 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**

TITLE	PTS	<input type="checkbox"/> Delete
NAME	MIHAIU GEORGE M.	
STREET ADDRESS	440 VILABELLA AVE.	
CITY-ST-ZIP	CORAL GABLES FL 33146	

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	PTS	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MIHAIU GEORGE M.		
STREET ADDRESS	72 NE 104TH ST.		
CITY-ST-ZIP	MIAMI SHORES FL 33138		

TITLE	<input type="checkbox"/> Delete
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"/> Delete
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"/> Delete
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"/> Delete
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"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**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:** George M. Mihaiu

RTP 07/06/2000