

2000 UNIFORM BUSINESS REPORT (UBR)

2/2

FILED
Apr 28, 2000 8:00 am
Secretary of State

02-02-2000 90005 036 ***158.75

DOCUMENT # P93000024475

1. Entity Name

CEIUSA INTERNATIONAL CORPORATION

Principal Place of Business

8501 NW 17 ST.
127
MIAMI FL 33126
US

Mailing Address

8501 NW 17 ST.
127
MIAMI FL 33126-1000
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

52-1820366

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

8501 NW 17 ST
127
MIAMI FL 33126

7. Name and Address of New Registered Agent

Name

Nathan Wannemacher

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

8501 NW 17th Street No 127

City

Miami

FL

Zip Code

33126

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)

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	D	<input checked="" type="checkbox"/> Delete
NAME		
STREET ADDRESS	8501 NW 17 ST NO 127	
CITY- ST- ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	WANNEMACHER, ANA P.	
STREET ADDRESS	8501 NW 17 ST 127	
CITY- ST- ZIP	MIAMI FL	
TITLE	EM	<input type="checkbox"/> Delete
NAME	WANNEMACHER, NATHAN P.	
STREET ADDRESS	8501 NW 17 ST NO 127	
CITY- ST- ZIP	MIAMI FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	CORREA, LUCIANA	
STREET ADDRESS	8501 NW 17TH ST	
CITY- ST- ZIP	MIAMI FL 33126	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Nathan Wannemacher	
STREET ADDRESS	8501 NW 17th St No 127	
CITY- ST- ZIP	Miami, FL 33126	
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
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/99

Date

305 592-0021

Daytime Phone #

CR2E034 (9/99)