## **2003 FOR PROFIT CORPORATION**

## UNIFORM BUSINESS REPORT (UBR)



## FILED Jan 15, 2003 8:00 am

DOCUMENT # P930000/4/5/  1. Entity Name MIZAR SALES USA, INC.				01-15-2003 90201 039 ***15		
Principal Place of Business 27601 KENT RD  BONITO SPRINGS FL 34135  Mailing Address 27601 KENT RD  BONITO SPRINGS FL 34135						
2. Principal	Place of Business	3. Mailing Address				
Suite, Ap		Suite, Apt. #, etc.	· · · · · · · · · · · · · · · · · · ·	☐ CHECK HERE IF MAKING CHANGE	S	
City & State		City & State		00 0440000	Applied For	
Zip	Country	Zip	Country	5. Certificate of Status Desired \$8.75 A Fee Requi	dditional	
<del></del>	6. Name and Address of Current	Registered Agent		-7Name and Address of New Registered Agent.		
Hanna, S. 27601 Kent RD Bonito Springs FL 34135				Name Street Address (P.O. Box Number is Not Acceptable)		
•			City	FL Zip Code		
SIGNATURE			ITS registered office or regist		and accept	
After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State				9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.		
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	3S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PFAFF, ROLF 27601 KENT RD BONITO SPRINGS FL 34135	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY_ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete .	TITLE NAME STREET ADDRESS CITY-SY-ZIP	☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Daytime Phone #