

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P94000036611**1. Entity Name  
**FALCON USA, INC.****FILED**  
**May 15, 2000 8:00 am**  
**Secretary of State**

05-15-2000 90142 040 \*\*\*150.00

Principal Place of Business

**8329 N.W. 68TH STREET  
MIAMI FL 33166**

Mailing Address

**C/O PEREZ. BEBAR & ASSOC. INC.  
14730 NE 10TH AVENUE  
N. MIAMI FL 33161-2454**

2. Principal Place of Business

Suite, Apt. #, etc.

City &amp; State

Zip

Country

3. Mailing Address

**PEREZ BEHAR & ASSOC., P.A.**

Suite, Apt. #, etc.

**13935 NW 1st AVENUE****MIAMI, FLORIDA 33168**

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

**65-0491957**

Applied For

Not Applicable

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

Name

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

City

**FL**

Zip Code

**SIVARAJAH, SIVA  
8329 N.W. 68TH STREET  
MIAMI FL 33166**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	<b>P</b>	<b>SIVARAJAH, SIVA</b>	<b>8329 N.W. 68TH STREET</b>	<b>MIAMI FL 33166</b>	<input type="checkbox"/>					
	<b>VST</b>	<b>SIVARAJAH, KUMUTHAKUMARI</b>	<b>8329 N.W. 68TH STREET</b>	<b>MIAMI FL 33166</b>	<input type="checkbox"/>					
				<input type="checkbox"/>						
				<input type="checkbox"/>						
				<input type="checkbox"/>						
				<input type="checkbox"/>						
				<input type="checkbox"/>						

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Siva Sivarajah**

Date

**4/3/00**

Daytime Phone #

**(305) 594 1980**