

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Aug 28, 2000 8:00 am**  
**Secretary of State**

08-28-2000 90036 002 \*\*\*550.00

**DOCUMENT # P95000002762**

1. Entity Name  
**HAMO USA INC.**

Principal Place of Business

10100 N.W. 116TH WAY  
SUITE 14  
MIAMI FL 33178

Mailing Address

10100 N.W. 116TH WAY  
SUITE 14  
MIAMI FL 33178

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 **65-0556625**

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

**RUNDLE, CHRISTOPHER M.**  
**3929 PONCE DE LEON BLVD.**  
**14TH FLOOR**  
**CORAL GABLES FL 33134**

Name  
**RUNDLE, CHRISTOPHER M.**  
Street Address (P.O. Box Number is Not Acceptable)  
**2655 LE JEUNE ROAD.**  
**SUITE 1108.**  
City  
**CORAL GABLES** **FL** Zip Code  
**33134**

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)

**8.22.2000**

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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  
**PT**  
**MOSER, HANSRUEDI**  
**BIELSTRASSE 76 GH 2542**  
**SWITZERLAND --** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S**  
**RUNDLE, CHRISTOPHER M.**  
**3929 PONCE DE LEON BLVD.**  
**CORAL GABLES FL** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S**  
**RUNDLE, CHRISTOPHER M.**  
**2655 LE JEUNE ROAD, SUITE 1108**  
**CORAL GABLES, FLA, 33134** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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☐ Change ☐ Addition

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

**CHRISTOPHER M. RUNDLE** **305 5699988**  
Date Daytime Phone #

CR2E034 (5/00)