

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000054474

1. Entity Name

LPG USA, INC.

**FILED**  
**Mar 29, 2000 8:00 am**  
**Secretary of State**

03-29-2000 90061 001 \*\*\*150.00

Principal Place of Business

Mailing Address

3101 N FEDERAL HWY  
SUITE 301  
FT LAUDERDALE FL 33306  
US

3101 N FEDERAL HWY  
STE #301  
FORT LAUDERDALE FL 33306-1041  
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

65-0600974

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

~~MARCUS, IRA~~  
~~888 EAST LAS OLAS BOULEVARD, STE 200~~  
~~SUITE 1900~~  
~~FORT LAUDERDALE FL 33301~~

Name

FREDERIC BARTHE

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

3101 N FEDERAL HWY #300

City

FORT LAUDERDALE

FL

Zip Code

33306

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

FREDERIC BARTHE

(NOTE: Registered Agent signature required when reinstating)

3/20/00

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

OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                   |  |                                 |  |  |   |
|-------------------|--|---------------------------------|--|--|---|
| ADDRESS<br>ST-ZIP | P<br>GUITAY, NATHALIE<br>3101 N. FEDERAL HIGHWAY, SUITE 301<br>FT. LAUDERDALE FL 33306 | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|                   |  |                                 |  |  |   |
| ADDRESS<br>ST-ZIP | V<br>BARTH, FREDERICEK<br>3101 N FEDERAL HWY,STE #300<br>FT LAUERDALE FL 33306         | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|                   |  |                                 |  |  |   |
| ADDRESS<br>ST-ZIP |  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|                   |  |                                 |  |  |   |
| ADDRESS<br>ST-ZIP |  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|                   |  |                                 |  |  |   |
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|                   |  |                                 |  |  |   |
| ADDRESS<br>ST-ZIP |  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|                   |  |                                 |  |  |   |

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 stated 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 required, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/00

Date

954.568-5005

Daytime Phone #

CR2E034 (9/99)