## 2001 UNIFORM BUSINESS REPORT (UBR) FILED May 15, 2001 8:00 am Secretary of State DOCUMENT # P95000059834 1. Entity Name ERA (U.S.A.) CORP. 05-15-2001 90129 006 \*\*\*150.00 Principal Place of Business Mailing Address 7000 W PALMETTO PARK RD. 7000 W PALMETTO PARK RD. $\Pi\Pi\Pi\Pi$ SUITE 200 SUITE 200 **BOCA RATON FL 33433 BOCA RATON FL 33433** 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE 700 S. Federal Hwy. 700 S. Federal Hwy. Suite 200-SZG Suite 200-SZG Applied For 4. FEI Number 65-0690289 Boca Raton, FL 33432 Not Applicable Boca Raton, FL 33432 \$8.75 Additional Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Garellek, Steven GARELLEK, STEVEN Street A 700 S. Federal Hwy., Suite 200 7000 W PALMETTO PARK RD. Boca Raton, FL 33432 SUITE 200 **BOCA RATON FL 33433** City ip Code 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. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Delete TITLE ☐ Change TITLE **PTSD** NAME NAME ROTCHIN, DEAN 700 S. Federal Hwy., Suite 200 STREET ADDRESS STREET ADDRESS 7000 W PALMETTO PARK RD., STE. 200 Boca Raton, FL 33432 CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33433** ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ Delete

☐ Change

Addition