

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 30, 2001 8:00 am**  
**Secretary of State**

04-30-2001 90411 045 \*\*\*150.00

**DOCUMENT # P96000021540**

1. Entity Name  
**TRADEMAR (U.S.A) INC.**

Principal Place of Business  
**7000 WEST PALMETTO PARK RD.  
 SUITE 200  
 BOCA RATON FL 33433  
 US**

Mailing Address  
**7000 WEST PALMETTO PARK RD.  
 SUITE 200  
 BOCA RATON FL 33433  
 US**

**00056662**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**700 S. Federal Hwy.  
 Suite 200-SZG  
 Boca Raton, FL 33432**

3. Mailing Address  
**700 S. Federal Hwy.  
 Suite 200-SZG  
 Boca Raton, FL 33432**

4. FEI Number **65-0831548** 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**

**GARELLEK, STEVEN  
 7000 WEST PALMETTO PARK RD.  
 SUITE 200  
 BOCA RATON FL 33433**

Name  
 Street Ac **Garellek, Steven**  
**700 S. Federal Hwy., Suite 200**  
**Boca Raton, FL 33432**  
 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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	<b>P COBUZZI, JOE M 9320 ST LAURENT BLVD., #711 MONTREAL QU</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: APRIL 10, 01 514-385-1114  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)