

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000021540

1. Entity Name

TRADEMAR (U.S.A) INC.

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

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

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

C005666Z



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 Address

Garellek, Steven  
700 S. Federal Hwy., Suite 200  
Boca Raton, FL 33432

City

Zip 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.

(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, 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  
P  
COBUZZI, JOE M  
9320 ST LAURENT BLVD., #711  
MONTREAL QU ☐ Delete

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

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CITY-ST-ZIP ☐ 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

Date

Daytime Phone #

APR 10, 01

514-385-1114

CR2E034 (10/00)