

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000063618

1. Entity Name
BISLET USA, INC.

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90036 029 ***158.75

Principal Place of Business 1761 NW 46 AVE D. 103 LAUDERHILL FL 33313	Mailing Address 1761 NW 46 AVE D. 103 LAUDERHILL FL 33313-4971
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 4378 NW 31 AVE.	3. Mailing Address 4378 NW 31 AVE.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State OAKLAND PARK FL	City & State OAKLAND PARK FL
Zip 33309	Country USA

4. FEI Number 58-9331093	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SEGOVIA, MIGUEL 1761 NW 46 AVENUE D 103 LAUDERHILL FL 33313	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (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, 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
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD SEGOVIA, MIGUEL V 1761 NW 46 AVE D.103 LAUDERHILL FL 33313 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR RAUL M. COFRE 1761 N.W. 46 AVE. D.103 LAUDERHILL FL 33313 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP COFRE, MARIA A 1761 NW 46 AVENUE D013 LAUDERHILL FL 33313 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS 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]* **2-25-00** **954-733-4962**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2-034 (9/99)