2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P97000045621 Mar 29, 2000 8:00 am **Secretary of State** SERTA PERDANA USA, INC. 03-29-2000 90078 016 ***150.00 Principal Place of Business Mailing Address 617-A CLEVELAND STREET 617-A CLEVELAND STREET **SUITE 5 & 6 SUITE 5 & 6** CLEARWATER FL 33755-4190 CLEARWATER FL 33755 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3482256 Not Applicable Country Zip Zip \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BESSEY, PETER Street Address (P.O. Box Number is Not Acceptable) 617-A CLEVELAND STREET **SUITE 5 & 6** CLEARWATER FL 33755 Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 OFFICERS AND DIRECTORS 12. 11. Change STD Addition ☐ Delete TITLE TITLE Becay Feler N 6t. MANAP, ZAITON BINTI A NAME NAME Sle 546 STREET ADDRESS 1009-1/2 DREW STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CLEARWATER FL 34615 Change ☐ Addition ☐ Delete TITI F TITLE -BESSEY, PETER N NAME STREET ADDRESS 1009 1/2 DREW STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **CLEARWATER FL 34615** [] Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP [] Change ☐ Addition Delete TITLE TITLE " NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition □ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.