

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000067267

1. Entity Name

SAMM USA, INC.

FILED
Mar 14, 2000 8:00 am
Secretary of State

03-14-2000 90072 037 ***158.75

Principal Place of Business

~~407 LINCOLN ROAD STE 5B~~
~~MIAMI BEACH FL 33139~~

Mailing Address

407 LINCOLN ROAD STE 5B
MIAMI BEACH FL 33139-3008

2. Principal Place of Business

2550 N.W. 72nd Ave

3. Mailing Address

2550 N.W. 72nd Ave

Suite, Apt. #, etc.

Suite # 218

Suite, Apt. #, etc.

Suite # 218

City & State

MIAMI FLORIDA

City & State

MIAMI FL

Zip

33122

Country

USA

Zip

33122

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0785853

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BRITO, LUIS G
407 LINCOLN ROAD STE 5B
MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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: Brito, Luis G.

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, 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**

11. OFFICERS AND DIRECTORS

TITLE	PSVT	<input type="checkbox"/> Delete
NAME	GUZOVSKY, SILVIO M	
STREET ADDRESS	407 LINCOLN ROAD STE 5B	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUZOVSKY, SILVIO	
STREET ADDRESS	2550 N.W. 72nd Ave Ste #218	
CITY-ST-ZIP	MIAMI FL 33122	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)