

2000 UNIFORM BUSINESS REPORT (UBR)

0128979

DOCUMENT # P97000068557

1. Entity Name
EMPAC ENTERPRISE OF USA, CORP.

FILED
00 DEC 18 PM 4: 09
SECRETARY OF STATE
TALLAHASSEE FLORIDA



REINSTATEMENT

Principal Place of Business Mailing Address
 1001 N FEDERAL HWY 1001 N FEDERAL HWY
 STE **202** STE **202**
 HALLANDALE FL 33009 HALLANDALE FL 33009-2416

2. Principal Place of Business 3. Mailing Address
 1001 N. Federal Hwy. 1001 N. Federal Hwy.
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite 202 **Suite 202**
 City & State City & State
Hallandale, FL **Hallandale FL**
 Zip Zip Country Country
33009 **33009** **U.S.A.** **USA**

4. FEI Number Applied For
65-0774117 Not Applicable
 5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

STEINER, PETER .
712-7TH ST
GREEN ACRES VILLAGE FL 33009

7. Name and Address of New Registered Agent
 Name **Steiner Peter**
 Street Address (P.O. Box Number is Npt Acceptable)
1001 N. Federal Hwy #202
 City **Hallandale** **FL** Zip Code **33009**

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]* **PRESIDENT** **300005514643-7**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE **12/27/00**
******7613/0****750.00**

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. ☐ **FILE NOW!!! FEE IS \$150.00**
 (See criteria on back) **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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PS	<input type="checkbox"/> Delete	TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEINER, PETER		NAME	Benoit Pothier	
STREET ADDRESS	712-7TH ST. GREEN ACRES VILLAGE		STREET ADDRESS	1, Harbourside Drive, Bldg 1, Apt. 202	
CITY-ST-ZIP	PEMBROKE PINES FL 33009		CITY-ST-ZIP	Delray Beach, FL 33483	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			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 I am empowered.

SIGNATURE: *[Signature]* **10-5-2000** **(561) 279-2106**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)

KE