

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000090123

1. Entity Name

RPM U.S.A., INC.

Principal Place of Business

901 PONCE DE LEON BLVD SUITE 601  
CORAL GABLES FL 33134

Mailing Address

901 PONCE DE LEON BLVD SUITE 601  
CORAL GABLES FL 33134-3073

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0841621

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

SOARES, JACQUELINE S  
1601 E. TREASURE DR. #1023  
MIAMI FL 33141

Name JACQUELINE SOARES

Street Address (P.O. Box Number is Not Acceptable)  
1601 E. Treasure Dr #1023

City N. Bay Village

FL

Zip Code 33141

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

*Jacqueline S. Soares*  
Signature, typed or printed name of registered agent and title if applicable.

JACQUELINE S. SOARES

04/18/00

(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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D  
NAME AMASTHA, CARLOS E. F  
STREET ADDRESS 10101 COLLINS AVENUE APT 9C  
CITY-ST-ZIP BAL HARBOUR FL 33154 ☐ Delete

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ 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: *Carlos E. F. Amastha* REQUIRED

CARLOS E. F. AMASTHA DIRECTOR

Date

Daytime Phone #

04/18/00 305 8650727

CR2E034 (9/99)



DO NOT WRITE IN THIS SPACE