

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name

RPM U.S.A. INC

FILED

May 25, 2001 8:00 am
Secretary of State

05-25-2001 90292 046 ***150.00

Principal Place of Business

Mailing Address

1012 NE 203rd LN 1012 NE 203rd LN
N. MIAMI BEACH FL 33179 N. MIAMI BEACH FL 33179

2. Principal Place of Business

3. Mailing Address

1012 NE 203rd LN 1012 NE 203rd LN

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

N MIAMI BEACH FL

City & State

N MIAMI BEACH FL

4. FEI Number

05-0841621

Applied For

Not Applicable

Zip

Country

33179

USA

Zip

Country

33179

USA

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

JACQUELINE S. SOARES
1012 NE 203rd LN
N. MIAMI BEACH FL 33179

Name JACQUELINE S. SOARES
Street Address (P.O. Box Number is Not Acceptable)
1012 NE 203rd LN
N
City N MIAMI BEACH FL Zip Code 33179

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, typed or printed name of registered agent and title if applicable.)

(NOT) 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!

After MAY 1, 2001

FEE IS \$150.00

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 PRESIDENT, DIRECTOR ☐ Delete
NAME CARLOS E. F. AMASTIA
STREET ADDRESS 10101 COLLINS AVE # 9C
CITY-ST-ZIP BAL HARBOUR FL 33154

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

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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 I am an officer or director of the corporation or the receiver or trustee empowered to execute this report or supplemental report, and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, without other, the empowered.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER: DIRECTOR
CARLOS E. F. AMASTIA

Date

Daytime Phone #

05/21/01 305 2497080

CR2E034 (11/00)