

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000098315

1. Entity Name

UNIBRANDS (USA), INC.

FILED

May 01, 2000 8:00 am
Secretary of State

05-01-2000 90471 042 ***158.75

Principal Place of Business

2676 SW 137 AVENUE
MIAMI FL 33175

Mailing Address

2676 SW 137 AVENUE
MIAMI FL 33175-6636

2. Principal Place of Business

9454 NW 13 STREET

3. Mailing Address

9454 NW 13 ST

Suite, Apt. #, etc.

BAY 66

Suite, Apt. #, etc.

BAY 66

City & State

MIAMI - FL

City & State

MIAMI - FLA

4. FEI Number

65-0798302

Applied For

Not Applicable

Zip

33172

Country

DADE

Zip

33172

Country

DADE

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

FREJOMIL, EDUARDO
2676 SW 137 AVENUE
MIAMI FL 33175

Name

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

9454 NW 13 ST BAY 66

City

MIAMI

FL

Zip Code

33172

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

Eduardo Frejomil Resident Agent

4/28/00

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	<input type="checkbox"/> Delete
NAME	KEY, ANTHONY H	
STREET ADDRESS	289 WULFF ROAD EAST	
CITY-ST-ZIP	NASSAU, BAHAMAS	
TITLE	D	<input type="checkbox"/> Delete
NAME	KEY, RUDOLPH W	
STREET ADDRESS	289 WULFF ROAD EAST	
CITY-ST-ZIP	NASSAU, BAHAMAS	
TITLE	D	<input type="checkbox"/> Delete
NAME	HARTIKAINEN-KEY, VIRPI	
STREET ADDRESS	289 WULFF ROAD EAST	
CITY-ST-ZIP	NASSAU, BAHAMAS	
TITLE	D	<input type="checkbox"/> Delete
NAME	FREJOMIL, EDUARDO	
STREET ADDRESS	2676 SW 137 AVENUE	
CITY-ST-ZIP	MIAMI FL 33175	
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"/> 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		
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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

4/27/00

Date

305-471-7344

Daytime Phone #