

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000102237

1. Entity Name

FHS EASTCO USA, INC.

**FILED**  
**May 15, 2000 8:00 am**  
**Secretary of State**

05-15-2000 90278 012 \*\*\*158.75

Principal Place of Business

100 N. BISCAYNE BLVD  
SUITE 607  
MIAMI FL 33132  
US

Mailing Address

2121 PONCE DE LEON BLVD.  
SUITE 240  
CORAL GABLES FL 33134-5221  
US

2. Principal Place of Business

5555 Anglers Avenue  
Suite, Apt. #, etc.  
20

3. Mailing Address

5555 ANGLERS AVENUE  
Suite, Apt. #, etc.  
20



DO NOT WRITE IN THIS SPACE

City & State

Font Lauderdale, FL

City & State

Font LAUDERDALE, FL

4. FEI Number

65-0802265

Applied For

Not Applicable

Zip

33312

Country

USA

Zip

33312

Country

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

GABRIEL PRATS

2121 PONCE DE LEON BLVD  
SUITE 240  
CORAL GABLES FL 33134

Name

CHARLOTTE VOGEL

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

5555 ANGLERS AVENUE

SUITE 20

City

Font LAUDERDALE FL

Zip Code

33312

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

*Charlotte Vogel*

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

(NOTE: Registered Agent signature required when reinstating)

4/27/00

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	STP	<input type="checkbox"/> Delete
NAME	VOGEL, CHARLOTTE	
STREET ADDRESS	100 N BISCAYNE BLVD #607	
CITY-ST-ZIP	MIAMI FL 33132	
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	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHARLOTTE VOGEL	
STREET ADDRESS	5555 ANGLERS AVENUE, SUITE 20	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33312	
TITLE	SIT/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CLIFFORD F. DUKE	
STREET ADDRESS	5555 ANGLERS AVENUE, SUITE 20	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33312	
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:

*Charlotte Vogel*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/27/00 (954) 462-5404  
Date Daytime Phone #

CR2E034 (9/99)