## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR**

## **DOCUMENT #**

P98000012508

1. Entity Name FAMOS U.S.A., INC.



## **FILED** Mar 03, 2003 8:00 am Secretary of State

03-03-2003 90463 037 \*\*\*150.00

İ		•	GOO WE TOO			
Principal Place of Business 7361 BRIGHTWATERS COURT NEW PORT RICHEY FL 34652		Mailing Address 7361 BRIGHTWATERS COURT NEW PORT RICHEY FL 34652				
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKIN	☐ CHECK HERE IF MAKING CHANGES	
City & State		City & State		4. FEI Number 59-3491393	Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
7.5	- 6. Name and Address of Current I	Registered Agent		7. Name and Address of New Registered	<u> </u>	
			Name			
HAUPT, BERTRAM			0	(BO Bankharia N. 1		
7361 BRIG	SHTWATER COURT		Street Addres	ss (P.O. Box Number is Not Acceptable)		
NEW PORT RICHEY FL 34652						
			City	FL	Zip Code	
0 The election		4			-	
	e named entity submits this statement for tions of registered agent.	the purpose of changing its	registered office or regis	stered agent, or both, in the State of Florida. I am	familiar with, and accept	
SIGNATURE	Signature, typed or printed name of registered agent a					
<del></del>	Signature, typed or printed name or registered agent a	no true ir applicable. (NOTE	E: Registered Agent signature requ	uired when reinstating) DATE		
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00	Chata		9. Election Campaign Financing Trust Fund Contribution.  [ ]	\$5.00 May Be Added to Fees	
	k Payable to Florida Department of		<b>3</b> ****			
10.	OFFICERS AND (		11.	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 11	
TITLE	HAUPT, BERTRAM	☐ Delete	TITLE		☐ Change ☐ Addition	
NAME STREET ADDRESS	7361 BRIGHTWATER CT		NAME STREET ADORSOS			
CITY-ST-ZIP	NEW PORT RICHEY FL 34652		STREET ADDRESS			
	THE TOTAL THE OTOCE		CITY-ST-ZIP			
FITLE		☐ Delete	TITLE		Change Addition	
NAME ATOMET ADDRESS			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	CITY-ST-ZIP			
TITLE	د بند آله بينده د المحمدينية جوسية	☐ Deléte 🎫 🎫		til til <del>till till stade /del>	Change Addition	
NAME			NAME			
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS		j	
			CITY-ST-ZIP		***************************************	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	
NAME			NAME			
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS			
			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	
NAME			NAME			
STREET ADDRESS			STREET ADORESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME STREET ADDRESS

CITY-ST-ZIP

Daytime Phone #