

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000019173

1. Entity Name

Ero Trust USA Inc.

**FILED**  
**Apr 11, 2001 8:00 am**  
**Secretary of State**

04-11-2001 90131 041 \*\*\*158.75

Principal Place of Business

Mailing Address

2. Principal Place of Business

100 S. Military Trail

3. Mailing Address

100 S. Military Trail

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#19

#19

City & State

City & State

Deerfield Beach, FL

Deerfield Beach FL

Zip

Country

Zip

Country

33442

USA

33442

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Sunandron, Kenneth

Name

100 S. Military Trail

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

Suite #19

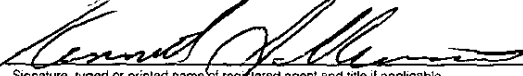
Deerfield Beach, FL 33442

City

FL

Zip Code

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 04/03/01

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, 2001 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Sunandron, Kenneth  
100 S. Military Trail Suite 19  
Deerfield Beach, FL 33442

☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

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

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CITY-ST-ZIP  
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☐ Change ☐ Addition

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CITY-ST-ZIP

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

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

Date

Daytime Phone #

04/03/01 954 428 2224

CR2E034 (11/00)