

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 30, 2001 8:00 am
Secretary of State
 03-30-2001 90329 030 ***150.00

0132861

DOCUMENT # P98000046854

1. Entity Name
SCHIFAUER & PEK (U.S.A.) INC.

Principal Place of Business
**236 SOUTH DIXIE HWY
 POMPANO BEACH FL 33067**

Mailing Address
**ARI MATAN/4
 4967 RIVER SIDE DR
 CORAL SPRINGS FL 33067**

639321



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
P O BOX 670303

3. Mailing Address
P O BOX 670303

City & State
CORAL SPRINGS FL

City & State
CORAL SPRINGS FL

Zip
33067

Country
USA

Zip
33067

Country
USA

4. FEI Number **65-0842348**

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**MATAN, ARI
 236 S DIXIE HWY
 POMPANO BEACH FL 33060**

7. Name and Address of New Registered Agent
**ARI MATAN
 PO BOX 670303
 CORAL SPRINGS FL
 33067**

Name
ARI MATAN

Street Address (P.O. Box Number is Not Acceptable)
PO BOX 670303

City
CORAL SPRINGS FL

Zip Code
33067

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 _____ (NOTE: 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!!! 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	D MATAN, ARI 4967 RIVER SIDE DR CORAL SPRINGS FL 33067	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: **03/24/01** **954 344 6816**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)