

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000081415

1. Entity Name

JOYCO USA COMPANY

Principal Place of Business

6330 MANOR LANE, SUITE 200  
SOUTH MIAMI FL 33143

Mailing Address

6330 MANOR LANE, SUITE 200  
SOUTH MIAMI FL 33143-4953

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0921209

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SAN ROMAN, PEDRO P  
6330 MANOR LANE, SUITE 200  
SOUTH MIAMI FL 33143

7. Name and Address of New Registered Agent

Name

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

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

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	DP	<input type="checkbox"/> Delete
NAME	FENU, PIETRO	
STREET ADDRESS	6330 MANOR LANE, SUITE 200	
CITY-ST-ZIP	S. MIAMI FL 33143	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	FRIGULS, ANTONIO E	
STREET ADDRESS	6330 MANOR LANE, SUITE 200	
CITY-ST-ZIP	S. MIAMI FL 33143	
TITLE	D	<input type="checkbox"/> Delete
NAME	MIR, JAVIER	
STREET ADDRESS	6330 MANOR LANE, SUITE 200	
CITY-ST-ZIP	S. MIAMI FL 33143	
TITLE	T	<input type="checkbox"/> Delete
NAME	SAN ROMAN, PEDRO P	
STREET ADDRESS	6330 MANOR LANE, SUITE 200	
CITY-ST-ZIP	S. MIAMI FL 33143	
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	<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	
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**May 09, 2000 8:00 am**  
**Secretary of State**

05-09-2000 90056 014 \*\*\*158.75



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)