

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000086742

1. Entity Name

HORIZONS SERVICES USA, CORP.

FILED

Mar 01, 2001 8:00 am  
Secretary of State

03-01-2001 91336 021 \*\*\*150.00

Principal Place of Business

Mailing Address

~~82 N. UNIVERSITY DR.~~  
PEMBROKE PINES FL 33024

~~82 N. UNIVERSITY DR.~~  
PEMBROKE PINES FL 33024

00041030

2. Principal Place of Business

208 N. university drive

3. Mailing Address

208 N. university drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number 65-0874877

Applied For

Not Applicable

Zip

Country

Zip

Country

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

BENAISSA, AMAL  
~~82 N. UNIVERSITY DR.~~  
PEMBROKE PINES FL 33024

Name

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

208 N. university drive

City

Pembroke Pines

FL

Zip Code

33024

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, 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 ☐ Delete  
NAME BENAIS, AMAL  
STREET ADDRESS ~~82 N. UNIVERSITY DR.~~  
CITY-ST-ZIP PEMBROKE PINES FL 33024

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 208 N. university drive  
CITY-ST-ZIP Pembroke Pines FL 33024

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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 #

02/26/2001 954-4303930

CR2E034 (10/00)