2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000088416

1. Entity Name

HYGIAFORM USA, INC

FILED
Jun 21, 2001 8:00 am
Secretary of State
05-16-2001 90239 035 ***150.00

[redacted]

49412

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
4835 COCONUT CREEK PARKWAY COCONUT CREEK FL	

2. Principal Place of Business	3. Mailing Address
401-69TH ST	401-69TH STREET
Suite, Apt. #, etc. 3 K	Suite, Apt. #, etc. 3 K
City & State MIAMI BEACH FL	City & State MIAMI FLORIDA
Zip 33141 / Country DADE	Zip 33141 / Country DADE

4. FEI Number 65-0925173 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

HAIM AMAR 401-69TH STREET MIAMI BEACH FLA. # 3 K 33141

7. Name and Address of New Registered Agent

Name HAIM AMAR
Street Address (P.O. Box Number is Not Acceptable) 401-69TH STREET SUITE 3 K
City MIAMI BEACH FL Zip Code 33141

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 HAIM AMAR [signature] 6-12-01
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	HAIM AMAR. PRESIDENT 401-69TH STREET # 3 K MIAMI BEACH FL. 33141 ☐ 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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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	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: HAIM AMAR [signature] 4.26.2001 305-867-7503
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR