

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000040248

1. Entity Name
HOUSEWORKS USA, INC.

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90126 050 ***150.00

Principal Place of Business

4317 LAUREL RIDGE CIRCLE
WESTON FL 33331-4011

Mailing Address

4317 LAUREL RIDGE CIRCLE
WESTON FL 33351-6637

2. Principal Place of Business

3540 N. Pine Island Rd.

3. Mailing Address

3540 N. Pine Island Rd

Suite, Apt. #, etc.

Sunrise, FL

Suite, Apt. #, etc.

City & State

Sunrise, FL

Zip
33313

Country
US

Zip
33313

Country
US

4. FEI Number

65-0916213

Applied For

Not Applicable

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

BERMAN, MARC A
2801 NW 22 TERRACE
POMPANO BEACH FL 33069

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D, P
HAYEK, GEORGE A
4317 LAUREL RIDGE CIRCLE
WESTON FL 33331-4011 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D, P
HAYEK, GEORGE A.
7420-3 SOUTH ARAGON BLVD
SUNRISE, FL 33313 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-21-00

954-578 8171

CR2E034 (9/99)