

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000056769

1. Entity Name  
ILIVIAN USA, INC.

Principal Place of Business  
18671 COLLINS AVENUE  
UNIT 1802  
AVENTURA BEACH FL 33160

Mailing Address  
18671 COLLINS AVENUE  
UNIT 1802  
AVENTURA BEACH FL 33160

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number  
65-0939545

Applied For
Not Applicable

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

#### 6. Name and Address of Current Registered Agent

WASERSTEIN, RICHARD ESQ.  
913 NORMANDY DRIVE  
MIAMI BEACH FL 33141

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, 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.  **FILE NOW!!! FEE IS \$550.00**  
After SEPTEMBER 13, 2000 Min. will be \$750.00  
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	PSD BIRMAN, IGAL 18671 COLLINS AVENUE AVENTURA BEACH FL 33160	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD BIRMAN, SARA 18671 COLLINS AVENUE AVENTURA BEACH FL 33160	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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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: *3/26/00* **SIGNED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*IGAL BIRMAN P/S/D*

*8/24/00*

*305-374-2001*

Date Daytime Phone #

FILED  
Aug 28, 2000 8:00 am  
Secretary of State

05-08-2000 90015 026 \*\*\*150.00

08-28-2000 90041 040 \*\*\*400.00

0081761



DO NOT WRITE IN THIS SPACE