

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **PA9000074236**

1. Entity Name:
EAFF USA, Inc.

FILED
Jun 05, 2001 8:00 am
Secretary of State

06-05-2001 90030 030 ***150.00

Principal Place of Business Mailing Address
8286 NW 14th St.
MIAMI, FL 33126 **SAME**

2. Principal Place of Business **SAME** 3. Mailing Address **SAME**
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State

Zip Country Zip Country

4. FEI Number **05-0905498** Applied For
Not Applicable

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

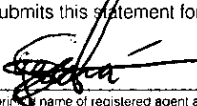
6. Name and Address of Current Registered Agent

JEFFREY A. BERNSTEIN
100 N. BISCAYNE BLVD.
SUITE 2608
MIAMI, FL 33132

7. Name and Address of New Registered Agent

Name **GERMAN SAGEL**
Street Address (P.O. Box Number is Not Acceptable)
8286 NW 14th St.
City **MIAMI, FL** Zip Code **33126**

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  **G. SAGEL**
(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

05/31/2001
DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!
After MAY 1, 2001
Fee IS \$150.00
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 NAME STREET ADDRESS CITY-ST-ZIP | GERMAN SAGEL 701 NW 111th Ct., Apt. #9 MIAMI, FL 33127 (DIRECTOR) | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | JOSEPH VELEZ 2949 NW 6th Ave. (CORP. OFFICER) FT. LAUDERDALE, FL 33311 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> 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 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:  **G. SAGEL**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/31/2001 **305 629 8088**
Date Daytime Phone #

CR2E034 (1/1/00)