

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000075562

1. Entity Name

TIMOTEOS U.S.A., INC.

**FILED**  
**Mar 04, 2000 8:00 am**  
**Secretary of State**

03-04-2000 90116 017 \*\*\*150.00

Principal Place of Business

Mailing Address

2229 N.W. 23RD WAY  
BOCA RATON FL 33431

2229 N.W. 23RD WAY  
BOCA RATON FL 33431-4004

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

65-0944922

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

MARUN, ANA C  
2229 N.W. 23RD WAY  
BOCA RATON FL 33431

Name

Ana Cristina Marun

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

2229 NW 23rd way

City

Boca Raton

FL

Zip Code

33431

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 PVST ☐ Delete

NAME MARUN, ANA C

STREET ADDRESS 2229 N.W. 23RD WAY

CITY-ST-ZIP BOCA RATON FL 33431

TITLE D ☐ Delete

NAME MARUN, ANA C

STREET ADDRESS 2229 N.W. 23RD WAY

CITY-ST-ZIP BOCA RATON FL 33431

TITLE ☐ Delete

NAME

STREET ADDRESS

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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

FEB 25 2000

Date

Daytime Phone #

CR2E034 (9/99)