

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 14, 2000 8:00 am
Secretary of State

06-14-2000 90003 020 ***150.00

00064231

DO NOT WRITE IN THIS SPACE

DOCUMENT # P99000078900

1. Entity Name

U.S.A. CRUSHER INC.

Principal Place of Business

Mailing Address

4901 SW 28th COURT
PEMBROKE PARK
FL. 33023

4901 SW 28th COURT
PEMBROKE PARK
FL. 33023

2. Principal Place of Business

4901 SW 28th COURT
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State
PEMBROKE PARK FL.

City & State

4. FEI Number

65-0956026 120408

Applied For

Not Applicable

Zip
33023

Country

Zip

Country

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

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	PD.	<input type="checkbox"/> Delete
NAME	BERNARD STEPHANE	
STREET ADDRESS	419 14th AVENUE	
CITY-ST-ZIP	LA GUADELOUPE - QUEBEC - CANADA.	
TITLE	YD.	<input type="checkbox"/> Delete
NAME	BERNARD RENE	
STREET ADDRESS	419 14th AVENUE	
CITY-ST-ZIP	LA GUADELOUPE - QUEBEC - CANADA	
TITLE	STD.	<input type="checkbox"/> Delete
NAME	HAVASY ZOLTAN	
STREET ADDRESS	4901 SW 28th COURT	
CITY-ST-ZIP	PEMBROKE PARK FL. 33023	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: ZOLTAN HAVASY *Zoltan Havasy* June 8th 2000. 954-893-6843.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)