

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S75937

1. Entity Name

ELCHROM SCIENTIFIC (U.S.A.), INC.

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

05-03-2000 90150 016 ***150.00

Principal Place of Business

Mailing Address

~~132 GREENBRIAR DRIVE~~
~~LAKE PARK FL 33403~~
~~US~~

~~132 GREENBRIAR DRIVE~~
~~LAKE PARK FL 33403-2913~~
~~US~~

2. Principal Place of Business

172-90 HIGHLAND AVENUE

3. Mailing Address

172-90 HIGHLAND AVENUE

Suite, Apt. #, etc.

#5H

Suite, Apt. #, etc.

#5H

City & State

JAMAICA ESTATES, NY

City & State

JAMAICA ESTATES, NY

Zip

11432

Country

QUEENS

Zip

11432

Country

QUEENS

4. FEI Number

65-0287320

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TEUSCHER, ADRIAN H.
 132 GREENBRIAR DRIVE
 LAKE PARK FL 33403

7. Name and Address of New Registered Agent

Name

BRIAN McDONOUGH, ESQ

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

STEARNS, WEAVER, MILLER

150 W. FLAGLER ST., SUITE #2220

City

MIAMI

FL

Zip Code

33130

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 state if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/28/00

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

TITLE **D** ☒ Delete
 NAME **TEUSCHER, ADRIAN**
 STREET ADDRESS **132 GREENBRIAR DR**
 CITY-ST-ZIP **LAKE PARK FL 33403**

TITLE **D** ☐ Delete
 NAME **BRANKO KOZULIC**
 STREET ADDRESS **172-90 HIGHLAND AVENUE #5H**
 CITY-ST-ZIP **JAMAICA ESTATES, NY 11432**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition
 NAME **Branko Kozulic**
 STREET ADDRESS **172-90 Highland Avenue #54**
 CITY-ST-ZIP **Jamaica Estates, NY 11432**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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:

B. Kozulic
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BRANKO KOZULIC

Date

26 APRIL 00

Daytime Phone #

888-ELCHROM

CR2E034 (9/99)