

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V31369

1. Entity Name
LAURASTAR USA, INC.

FILED
Aug 15, 2000 8:00 am
Secretary of State

08-15-2000 90001 010 ***550.00

Principal Place of Business

4400 NORTH FEDERAL HWY.
SUITE 210
BOCA RATON FL 33431

Mailing Address

4400 NORTH FEDERAL HWY.
SUITE 210
BOCA RATON FL 33431

AVU72431



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

20283 ST. RD. 7

3. Mailing Address

Suite, Apt. #, etc.

SUITE 300

City & State
BOCA RATON FL

City & State

Zip
33498

Country

Zip

Country

4. FEI Number 65-0332546

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CURTIN, PATRICK
4400 NO FEDERAL HWY
STE 210
BOCA RATON FL 33431

7. Name and Address of New Registered Agent

Name PATRICK CURTIN

Street Address (P.O. Box Number is Not Acceptable) 20283 ST. RD 7

SUITE 300

City BOCA RATON

FL

Zip Code 33498

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: PATRICK CURTIN

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent must be a natural person who is a resident of the State of Florida.)

8/9/00

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 \$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

TITLE PSD
NAME CURTIN, PATRICK
STREET ADDRESS 10956 N. DANBURY WAY
CITY-ST-ZIP BOCA RATON FL ☐ Delete

TITLE VD
NAME JEAN MONNEY
STREET ADDRESS CHEMIN DE LA FAUUEME 30E
CITY-ST-ZIP LAUSANNE SW ☐ Delete

TITLE TD
NAME DANIELLE HOFER
STREET ADDRESS CHEMIN PIONNEX 10
CITY-ST-ZIP FONTANIVENT SW ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 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, without other like empowered.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/9/00

Date

(561) 482-9480

Daytime Phone #

CR2E034 (5/00)