

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2001 8:00 am
Secretary of State

02-20-2001 90063 034 ***150.00

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DOCUMENT # V32126

1. Entity Name
SHAYTEX U.S.A., INC.

Principal Place of Business
**10010 NW 60TH COURT
PARKLAND FL 33076
US**

Mailing Address
**10010 NW 60TH COURT
PARKLAND FL 33076
US**

2. Principal Place of Business
5365 NW 119th Terrace
Suite, Apt. #, etc.

3. Mailing Address
5365 NW 119th Terrace
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Coral Springs Fla

City & State
Coral Springs, Fla

Zip
33076

Country
USA

4. FEI Number **65-0331077**

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

**FAGAN, ZACHARY
10010 NW 60TH COURT
PARKLAND FL 33076**

Name

Street Address (P.O. Box Number is Not Acceptable)
5365 NW 119th Terrace

City **Coral Springs** **FL** Zip Code **33076**

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, 2001 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** ☐ Delete
NAME **FAGAN, ZACHARY**
STREET ADDRESS **10010 NW 60TH COURT**
CITY-ST-ZIP **PARKLAND FL**

TITLE ☒ Change ☐ Addition
NAME **5365 NW 119th Terrace**
STREET ADDRESS **Coral Springs, FL 33076**
CITY-ST-ZIP

TITLE **SD** ☐ Delete
NAME **FAGAN, BETH**
STREET ADDRESS **10010 NW 60TH COURT**
CITY-ST-ZIP **PARKLAND FL**

TITLE ☒ Change ☐ Addition
NAME **5365 NW 119th Terrace**
STREET ADDRESS **Coral Springs, FL 33076**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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]**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **2/14/01** Daytime Phone # **954 971-9699**

CR2E034 (10/00)