

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90076 017 ****61.25

DOCUMENT # F99000004144

1. Entity Name
FAMILIA USA INC.

Principal Place of Business Mailing Address
CORP. DIRECT AGENTS **584 COLUMBUS AVENUE**
103 N. MERIDIAN STREET **THORNWOOD NY 10594**
TALLAHASSEE FL 32301



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
584 COLUMBUS AV.

3. Mailing Address

Suite, Apt. #, etc.

City & State
THORNWOOD, NY

City & State

Zip
10594

Country
THE U.S.A.

4. FEI Number **06-1500091** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CORPDIRECT AGENTS
103 N. MERIDIAN STREET
TALLAHASSEE FL 32301

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	DIAZ-TORRE, EMILIO	
STREET ADDRESS	393 DERBY AVENUE	
CITY-ST-ZIP	ORANGE CT 06477	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	LARSON, JAMES	
STREET ADDRESS	89 W. LOGAN STREET	
CITY-ST-ZIP	LEMONT IL 60439	
TITLE	TSD	<input type="checkbox"/> Delete
NAME	SABADELL, JUAN	
STREET ADDRESS	584 COLUMBUS AVENUE	
CITY-ST-ZIP	THORNWOOD NY 10594	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **JUAN SABADELL** 1/11/02 (914) 773-1368
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)