

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90265 026 ***150.00

DOCUMENT # F99000005233

1. Entity Name

GEODETTIC TECHNOLOGY (USA) INC.

Principal Place of Business

Mailing Address

201 CRANDON BLVD., SUITE 109
 KEY BISCAYNE FL 33149

201 CRANDON BLVD., SUITE 109
 KEY BISCAYNE FL 33149-1506

2. Principal Place of Business

251 CRANDON BLVD
 Suite, Apt. #, etc. **205**

3. Mailing Address

251 CRANDON BLVD
 Suite, Apt. #, etc. **205**

City & State

KEY BISCAYNE

City & State

KEY BISCAYNE

4. FEI Number

54-1852421

Applied For

Not Applicable

Zip

33149

Country

FL

Zip

33149

Country

FL

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MATAR, CHASSAN
 201 CRANDON BLVD., SUITE 109
 KEY BISCAYNE FL 33149

7. Name and Address of New Registered Agent

Name **MATAR, CHASSAN**
 Street Address (P.O. Box Number is Not Acceptable)
251 CRANDON BLVD, SUITE 205
 City **KEY BISCAYNE** **FL** Zip Code **33149**

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

TITLE	CP	<input type="checkbox"/> Delete
NAME	MATAR, GHASSAN	
STREET ADDRESS	201 CRANDON BLVD., SUITE 109	
CITY-ST-ZIP	KEY BISCAYNE FL 33149	
TITLE	V	<input type="checkbox"/> Delete
NAME	MATAR, DANIELA	
STREET ADDRESS	201 CRANDON BLVD., SUITE 109	
CITY-ST-ZIP	KEY BISCAYNE FL 33149	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATAR, GHASSAN	
STREET ADDRESS	251 CRANDON BLVD, SUITE 205	
CITY-ST-ZIP	KEY BISCAYNE FL 33149	
TITLE	V	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATAR, DANIELA	
STREET ADDRESS	251 CRANDON BLVD, SUITE 205	
CITY-ST-ZIP	KEY BISCAYNE FL 33149	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-20-99 305-3655432

Date

Daytime Phone #

CFR2E034 (9/99)