

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90361 022 \*\*\*150.00

**FOR PROFIT CORPORATION**  
**2003 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT #P01000016234

1. Entity Name  
**NUFORMA USA, INC.**



**DO NOT WRITE IN THIS SPACE**

**11033976**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**16866 S.W. 51 STREET**

3. Mailing Address  
**16866 S.W. 51 STREET**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**MIRAMAR, FLORIDA**

City & State  
**MIRAMAR, FLORIDA**

4. FEI Number  
**65-1097211**

Applied For  
 Not Applicable

Zip  
**33027**

Country  
**USA**

Zip  
**33027**

Country  
**USA**

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

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
**FRANKLIN SILEBI**

Street Address (P.O. Box Number is Not Acceptable)  
**16866 S.W. 51 STREET**

City  
**MIRAMAR FL Zip Code 33027**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

**FRANKLIN SILEBI**

**04-30-2003**

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

(NOTE: Registered Agents are required when reinstating)

DATE

State of Florida Department of State  
Fees: \$150.00  
Annual Report Fee: \$50.00  
Annual Renewal Fee: \$25.00  
Block 9 Fee: \$5.00 (if applicable)

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

10. OFFICERS AND DIRECTORS

TITLE  
**D/P**  
NAME  
**FRANKLIN SILEBI**  
STREET ADDRESS  
**16866 S.W. 51 STREET**  
CITY-ST-ZIP  
**MIRAMAR, FLORIDA 33027**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
**D**  
NAME  
**ALFREDO GRU KOIFMAN**  
STREET ADDRESS  
**16866 S.W. 51 STREET**  
CITY-ST-ZIP  
**MIRAMAR, FLORIDA 33027**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
**D/S**  
NAME  
**ALVARO M. SAMUDIO**  
STREET ADDRESS  
**16866 S.W. 51 STREET**  
CITY-ST-ZIP  
**MIRAMAR, FLORIDA 33027**

TITLE  
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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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

**FRANKLIN SILEBI, PRES.**

**04-30-2003**

**954-683-9736**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #