

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 28, 2002 8:00 am**  
**Secretary of State**

07-28-2002 90204 003 \*\*\*550.00

**DOCUMENT # P05909**

1. Entity Name  
**SDV (USA) INC.**

Principal Place of Business

Mailing Address

2070 NW 79 AVE  
 MIAMI FL 33122  
 US

150-10 132 STREET  
 JAMAICA NY 11434  
 US

B0132748



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

13-2635593

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**NRAI SERVICES, INC.**  
**526 EAST PARK AVENUE**  
**TALLAHASSEE FL 32301**

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

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 \$550.00**  
**After September 13, 2002 Fee 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	MATTHYS, CLAUDE	
STREET ADDRESS	31-32, QUAI DE DION BOUTON	
CITY-ST-ZIP	98211 PUTEAUX CEDEX, FRANCE	
TITLE	AS	<input type="checkbox"/> Delete
NAME	WE MEI, CHOU	
STREET ADDRESS	150 10 132 AVE	
CITY-ST-ZIP	JAMAICA NY 11434	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GAILHARD, JEAN CLAUDE	
STREET ADDRESS	150 10 132 AVE	
CITY-ST-ZIP	JAMAICA NY 11434	
TITLE	P	<input type="checkbox"/> Delete
NAME	NAUDIN, PHILIPPE	
STREET ADDRESS	150-10 132 STREET	
CITY-ST-ZIP	JAMAICA NY 11434	
TITLE	V	<input type="checkbox"/> Delete
NAME	STEINBOCK, ERIC	
STREET ADDRESS	436 ROZZI PLACE	
CITY-ST-ZIP	SOUTH SAN FRANCISCO CA 94080	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	"O"	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Pierre Malet	
STREET ADDRESS	150-10 132 Ave	
CITY-ST-ZIP	Jamaica NY 11434	
TITLE	"OM"	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dorsey Piscatelli	
STREET ADDRESS	195 Cottage Ste.	
CITY-ST-ZIP	Chelsea, Ma 02150	
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 REQUIRED**  
 SIGNATURES AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 7/19/02 Daytime Phone #: 718.525.8100

CR2E034 (4/02)