

2001 UNIFORM BUSINESS REPORT (UBR)

2/6

FILED
Mar 07, 2001 8:00 am
Secretary of State

02-06-2001 90232 028 ***150.00

DOCUMENT # P93000022741

1. Entity Name

ASSIST-CARD MARKETING (USA), INC.

Principal Place of Business

**C/O GRAU AND CO.
 111 NE 1ST STREET, 5TH FLOOR
 MIAMI FL 33132
 US**

Mailing Address

**C/O GRAU AND CO.
 111 NE 1ST STREET, 5TH FLOOR
 MIAMI FL 33132
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0402292**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**CADRECHE, ATILIO O
 1001 BRICKELL BAY DR
 STE 2302
 MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name **MANUEL M. GARCIA**

Street Address (P.O. Box Number is Not Acceptable) **111 NE 1ST STREET 5TH FLOOR**

City **Miami**

FL

Zip Code **33132**

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 **Manuel M. Garcia**

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

Manuel M. Garcia

(NOTE: Registered Agent Signature Required When Reinstating)

DATE

1/8/01

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

TITLE **D** ☐ Delete
 NAME **KEGLEVICH, NICOLAS**
 STREET ADDRESS **1001 BRICKELL BAY DRIVE**
 CITY-ST-ZIP **MIAMI FL 33131**

TITLE **D** ☒ Delete
 NAME **CADRECHE, OMAR**
 STREET ADDRESS **1001 BRICKELL BAY DRIVE**
 CITY-ST-ZIP **MIAMI FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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TITLE ☐ Change ☐ 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

Date

Daytime Phone #

FEB 27 / 01

CR2E034 (10/00)