

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 24, 2000 8:00 am**  
**Secretary of State**

04-24-2000 90072 015 \*\*\*150.00

**DOCUMENT # P99000080408**

1. Entity Name

**DEFACELON U.S.A. CORP**

Principal Place of Business

Mailing Address

25 S.E. 2ND. AVE..STE.410  
 MIAMI FL 33141

25 S.E. 2ND. AVE..STE.410  
 MIAMI FL 33131-1510

2. Principal Place of Business

3. Mailing Address

**5445 COLLINS AVENUE**

**5445 COLLINS AVENUE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**CU9**

**CU9**

City & State

City & State

**MIAMI BEACH, FLORIDA**

**MIAMI BEACH, FLORIDA**

4. FEI Number

**65-0951 960**

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

7. Name and Address of New Registered Agent

**VEGA, JOSE M**  
 25 S.E. 2ND. AVE.,STE.410  
 MIAMI FL 33141

Name:

**GLORIA ESCOBAR**

Street Address (P.O. Box Number is Not Acceptable)

**5445 COLLINS AVENUE, SUITE CU9**

City **MIAMI BEACH**

FL

Zip Code **33140**

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]* **GLORIA ESCOBAR**

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/2/00**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>FABIUS, DANIEL</b>
STREET ADDRESS	<b>25 S.E. 2ND. AVE.,STE.410</b>
CITY-ST-ZIP	<b>MIAMI FL 33141</b>
TITLE	<input type="checkbox"/> Delete
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
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TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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]* **Daniel Fabius(D)** **305-866-4922**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2034 (9/99)