

AMENDED 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000089309

1. Entity Name

ULTRAMONT PROPERTIES (USA), INC.

APPROVED
AND
FILED

00 JUL 13 PM 12:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE
07/13/00 98038/001 306.85

4. FEI Number 13-2771416 Applied For Not Applicable

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

8. Name and Address of Current Registered Agent

**DEMOS, ANGELO P ESO
1101 BRICKELL AVENUE #1700
MIAMI FL 33131-3153**

7. Name and Address of New Registered Agent

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.

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 **DPST** ☐ Delete
NAME **CONSTANTINO, TEODORO**
STREET ADDRESS **115 S.E. 2ND STREET SECOND FLOOR**
CITY-ST-ZIP **MIAMI FL 33131**

TITLE **DVAS** ☐ Delete
NAME **CONSTANTINO, ALICIA**
STREET ADDRESS **115 S.E. 2ND STREET SECOND FLOOR**
CITY-ST-ZIP **MIAMI FL 33131**

TITLE **D** ☒ Delete
NAME **CONSTANTINO, PANVOTIS**
STREET ADDRESS **115 S.E. 2ND STREET SECOND FLOOR**
CITY-ST-ZIP **MIAMI FL**

TITLE **VS** ☐ Delete
NAME **CARLOS, GOVANTES**
STREET ADDRESS **115 S.E. 2ND STREET SECOND FLOOR**
CITY-ST-ZIP **MIAMI FL**

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 **D/P/AS** ☒ Change ☐ Addition
NAME **CONSTANTINO, TEODORO**
STREET ADDRESS **115 SE 2ND ST 2D FLOOR**
CITY-ST-ZIP **MIAMI FL 33131**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **MR. MALLIGAN** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V TZORTZAKIS, MARIA** ☐ Change ☒ Addition
NAME
STREET ADDRESS **115 SE 2d ST, 2d FLOOR**
CITY-ST-ZIP **MIAMI FL 33131**

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 602, 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

CARLOS GOVANTES

6-8-00

4-12-00 (305) 594-0450

Date

Daytime Phone #

7/20