

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

3/1

**FILED**  
**Mar 24, 2003 8:00 am**  
**Secretary of State**

03-10-2003 90140 035 \*\*\*150.00

**DOCUMENT # P95000017331**



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

Principal Place of Business  
**200 S.E. FIRST ST.  
SUITE #602  
MIAMI FL 33131  
US**

Mailing Address  
**200 S.E. FIRST ST.  
SUITE #602  
MIAMI FL 33131  
US**



2. Principal Place of Business  
**6710 MAIN ST  
Suite, Apt. #, etc.  
234**

3. Mailing Address  
**6710 MAIN ST  
Suite, Apt. #, etc.  
234**

☐ CHECK HERE IF MAKING CHANGES

City & State  
**MIAMI LAKES, FL**  
Zip  
**33014** Country  
**USA**

City & State  
**MIAMI LAKES, FL**  
Zip  
**33014** Country  
**USA**

4. FEI Number  
**65-0564647**

Applied For  
☐ Not Applicable

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

**VILLFANE, GERARDO  
200 S.E. FIRST STREET, SUITE 602  
MIAMI FL 33131**

*new address*

Name  
**GERARDO VILLAFANE**  
Street Address (P.O. Box Number is Not Acceptable)  
**6710 Main Street  
Ste 234**  
City  
**Miami** FL Zip Code  
**33014**

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]*

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DP  
ECHEVARRIA, FERNANDO  
200 S.E. 1ST ST. #602  
MIAMI FL 33131** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DVP  
VILLAFANE, GERARDO  
200 S.E. 1ST ST. #602  
MIAMI FL 33131** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DS  
ALFREDO, JULIAN  
200 S.E. FIRST STREET SUITE 602  
MIAMI FL 33131** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
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☐ Change ☐ Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]*

**3-20-03 3056987757**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)