

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 26, 2003 8:00 am
Secretary of State

03-26-2003 90150 006 ***150.00

DOCUMENT # P00000062841

1. Entity Name
U.S. T.T., INC.

DO NOT WRITE IN THIS SPACE

90061594

2. Principal Place of Business
2365 SW 16 STREET
Suite, Apt. #, etc.

3. Mailing Address
same
Suite, Apt. #, etc.

City & State
MIAMI, FL

City & State

4. FEI Number
65-1022648

Applied For
Not Applicable

Zip 33145
Country MIAMI-DADE

Zip **Country**

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

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IN THIS SPACE**

7- Name and Address of Current Registered Agent
Name
LEVINTON, DIANA

Street Address (P.O. Box Number is Not Acceptable)
2365 SW 16 STREET

City MIAMI

FL **Zip Code** 33145

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)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 PT
NAME LEVINTON, DIANA
STREET ADDRESS 2365 SW 16 STREET
CITY-ST-ZIP MIAMI, FL 33145

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VS
NAME CHRISTIAN E. SEBOK
STREET ADDRESS 2365 SW 16 STREET
CITY-ST-ZIP MIAMI, FL 33145

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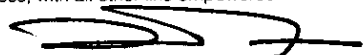
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true 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 on an attachment with an address, with all other like empowered.

SIGNATURE:



Diana Levinton

3/22/03

(305) 331-4330

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)