

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P95000089309

**Entity Name:** ULTRAMONT PROPERTIES (USA), INC.**Current Principal Place of Business:**115 S.E. 2ND STREET SECOND FLOOR  
MIAMI, FL 33131**Current Mailing Address:**115 S.E. 2ND STREET SECOND FLOOR  
MIAMI, FL 33131**FEI Number:** 13-2771416**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ALECO HARALAMABIDES, PA  
3135 SW 3RD AVE  
MIAMI, FL 33129 US*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:** ALECO HARALAMABIDES

01/09/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DPAS  
Name CONSTANTINO, THEODORO  
Address 115 S.E. 2ND STREET SECOND FLOOR  
City-State-Zip: MIAMI FL 33131

Title DVAS  
Name CONSTANTINO, ALICIA  
Address 115 S.E. 2ND STREET SECOND FLOOR  
City-State-Zip: MIAMI FL 33131

Title VS  
Name CARLOS, GOVANTES  
Address 115 S.E. 2ND STREET SECOND FLOOR  
City-State-Zip: MIAMI FL

Title V  
Name TZORTZAKIS, MARIA  
Address 115 S.E. 2ND STREET SECOND FLOOR  
City-State-Zip: MIAMI FL 33131

Title VP  
Name MAVROKORDATOS, EFSTATHIOS  
Address 115 S.E. 2ND STREET SECOND FLOOR  
City-State-Zip: MIAMI FL 33131

Title SECRETARY  
Name MAVROKORDATOU, ALIKI  
Address 115 S.E. 2ND STREET SECOND FLOOR  
City-State-Zip: MIAMI FL 33131

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** EFSTATHIOS MAVROKORDATOS

VP

01/09/2020

Electronic Signature of Signing Officer/Director Detail

Date