

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000003430

1. Entity Name

DESPEC AMERICAS, INC.

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90318 033 ***150.00

Principal Place of Business

Mailing Address

815 NW 57TH AVE. SUITE 150
 MIAMI FL 33126

815 NW 57TH AVE. SUITE 150
 MIAMI FL 33126-2041

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

SUITE 150

Suite, Apt. #, etc.

SUITE 150

City & State

City & State

4. FEI Number

65-0839873

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CHIARATO, UGO CPA
 220 71ST ST, SUITE 213
 MIAMI BEACH FL 33141-3038

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11/

TITLE	PSTD	<input checked="" type="checkbox"/> Delete
NAME	JETHA, IQBAL	
STREET ADDRESS	2294 ST-FRANCOIS RD, DORVAL	
CITY-ST-ZIP	QUEBEC, CANADA H9P 1K2	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LAURIN, FRANCOIS	
STREET ADDRESS	2280 ST-FRANCOIS RD, DORVAL	
CITY-ST-ZIP	QUEBEC, CANADA H9P 1K2	
TITLE	S/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JETHA, IQBAL	
STREET ADDRESS	2280 ST-FRANCOIS RD, DORVAL	
CITY-ST-ZIP	QUEBEC, CANADA H9P 1K2	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:  I. JETHA
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 23 April 2000
 (305) 702-7020 Daytime Phone #

CR2E034 (9/99)