

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000003430

1. Entity Name  
DESPEC AMERICAS, INC.



FILED

03 MAY 20 AM 10:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
UGO V. CHIARATO, C.P.A. CHIARATO  
280 N.W. STREET, SUITE 213  
MIAMI BEACH, FL 33141

Mailing Address  
UGO V. CHIARATO, C.P.A. CHIARATO  
280 N.W. STREET, SUITE 213  
MIAMI BEACH, FL 33141

2. Principal Place of Business  
12000 BISCAYNE BLVD  
Suite, Apt. #, etc. SUITE 507

City & State  
MIAMI FLORIDA  
Zip 33181 Country USA

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

City & State  
Zip Country

4. FEI Number 65-0839873 Applied For Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent  
CHIARATO, UGO CPA  
280 N.W. STREET, SUITE 213  
MIAMI BEACH, FL 33141

UGO V. CHIARATO  
CERTIFIED PUBLIC ACCOUNTANT  
FLORIDA AND NEW YORK STATE  
12000 BISCAYNE BLVD., SUITE 507  
MIAMI, FL 33181

7. Name and Address of New Registered Agent

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 UGO V. CHIARATO APRIL 29, 2003  
Signature, typed or printed name of registered agent and title if applicable. (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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD TS KARIM, JAMAL 2300 CHEMIN ST FRANCOIS DORVAL, QUEBEC H9P 1K2	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<del>SCOTT, ROBERT</del> <del>2300 CHEMIN ST FRANCOIS</del> <del>DORVAL, QUEBEC H9P 1K2</del>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	900019565089 05/20/03--01022--007 **2911.25	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED APRIL 29, 2003 (305) 899.5099  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0243889 AV

CR2E034 (10/02)