

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Mar 06, 2001 8:00 am
Secretary of State

03-06-2001 90336 003 ***150.00

DOCUMENT # F99000001253

1. Entity Name

MICROSPOT USA, INC.

Principal Place of Business

1756 COSA DEL SOL
BOCA RATON FL 33432

Mailing Address

1756 COSA DEL SOL
BOCA RATON FL 33432

2. Principal Place of Business

1756 Costa Del Sol

3. Mailing Address

1756 Costa Del Sol

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Boca Raton FL

City & State

Boca Raton FL

4. FEI Number

77-0290426

Applied For

Not Applicable

Zip

Country

33432

Zip

Country

33432

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

BAGIOLI, RAUL L
1756 COSA DEL SOL
BOCA RATON FL 33432

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
C
COULLING, ROBERT
5-11 LONDON RD, MAIDSTONE KENT
ME168HR ENGLAND☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
BAGIOLI, RAUL
1756 COSA DEL SOL
BOCA RATON FL 33432☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
REYES, LUZ A
1756 COSA DEL SOL
BOCA RATON FL 33432☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/6/01 561-395-9996

CR2E034 (10/00)