2002 Uniform Business Report (UBR)

changed, or on an attachment with an address

SIGNATURE:

Apr 07, 2002 8:00 am Secretary of State F99000001253 DOCUMENT # 1. Entity Name 04-07-2002 90046 012 ***155.00 MICROSPOT USA, INC. Mailing Address Principal Place of Business 1756 COSTA DEL SOL 1756 COSTA DEL SOL **BOCA RATON FL 33432 BOCA RATON FL 33432** 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 77-0290426 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BAGIOLI, RAUL L Street Address (P.O. Box Number is Not Acceptable) 1756 COSA DEL SOL **BOCA RATON FL 33432** Zip Code City 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible, 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (9/01) ☐ Addition Change TITI F TITLE ☐ Delete COULLING, ROBERT NAME NAME = 5-11 LONDON RD. MAIDSTONE KENT STREET ADDRESS STREET ADDRESS ME168HR ENGLAND CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE BAGIOLI, RAUL NAME NAME 1756 COSA DEL SOL STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33432** CITY-ST-ZIP CITY-ST-ZIF ☐ Delete Change ☐ Addition TITLE TITLE REYES, LUZ A NAME NAME 1756 COSA DEL SOL STREET ADDRESS STREET ADDRESS BOGA-RATON-FL=33432-CITY_ST-ZIP CITY-ST-718 TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIE ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby 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 trusted 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.