2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # F99000005233 Jan 24, 2000 8:00 am 1. Entity Name **Secretary of State** GEODETIC TECHNOLOGY (USA) INC. 01-24-2000 90265 026 ***150.00 Principal Place of Business Mailing Address 201 CRANDON BLVD., SUITE 109 201 CRANDON BLVD., SUITE 109 KEY BISCAYNE FL 33149-1506 KEY BISCAYNE FL 33149 3. Mailing Address 2. Principal Place of Business 251 CRA<u>n</u> DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 54-1852421 Not Applicable KUL Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent IATAR CHASSAN MATAR, CHASSAN Street Address (P.O. Box Number is Not Acceptable) 201 CRANDON BLVD., SUITE 109 **KEY BISCAYNE FL 33149** 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 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. ☐ Delete TITLE TITLE MATAR GHASSAN MATAR, GHASSAN NAME NAME 251 CHANDON BLUD, SUITE 205 STREET ADDRESS STREET ADDRESS 201 CRANDON BLVD., SUITE 109 KOY BISCAYNE FI 33149 CITY-ST-ZIP CITY-ST-ZIP **KEY BISCAYNE FL 33149** ☐ Delete TITLE TITLE MATAR DANIELA MATAR, DANIELA 251 CRANDON BLUD, SUITE 205 NAME STREET ADDRESS STREET ADDRESS 201 CRANDON BLVD., SUITE 109 KRY BISCAYNE FI 33149 CITY-ST-ZIP CITY-ST-7IP **KEY BISCAYNE FL 33149** ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 receive for Vister 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