

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90414 007 ***558.75

DOCUMENT # **129296**

1. Entity Name

Falcon U.S., Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2627 McGregor Blvd.

Suite, Apt. #, etc.

3. Mailing Address
2627 McGregor Blvd.

Suite, Apt. #, etc.

669944

DO NOT WRITE IN THIS SPACE

City & State
Fort Myers, Florida

City & State
Fort Myers, Florida

4. FEI Number
65-0150942

Applied For
Not Applicable

Zip
33901

Country
U.S.A.

Zip
33901

Country
U.S.A./

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Peter J. Gravina

Street Address (P.O. Box Number is Not Acceptable)
1833 Hendry Street

City Fort Myers FL Zip Code
33901

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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE
P/D
NAME
STREET ADDRESS
CITY-ST-ZIP

Faez Martini
7 Roedean Crescent
London SW15 5JX England

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
VP/D
NAME
STREET ADDRESS
CITY-ST-ZIP

Samir Fansa
3 Roedean Crescent
London SW15 5JX England

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
ST/D
NAME
STREET ADDRESS
CITY-ST-ZIP

Charles M. Costello
2627 McGregor Blvd.
Fort Myers, FL 33901

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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Charles M. Costello, Secretary

(239) 332-0356

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034B (12/01)