

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

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90172 045 ***150.00

DOCUMENT # **P000000023135**

1. Entity Name
Dylog USA, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1213 Sandstone Court

3. Mailing Address

← SAME

Suite, Apt. #, etc.

Suite 5

Suite, Apt. #, etc.

City & State

Winter Park FL

City & State

Zip

32792

Country

Orange

Zip

Country

4. FEI Number

59-3629021

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Andrea Mosca

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

1115 Pointe Newport Terrace, Apt. #105

City

Casselberry

FL

Zip Code

32707

**DO NOT WRITE
IN THIS SPACE**

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.

Andrea Mosca, President

(NOTE: Registered Agent signature required when reinstating)

DATE

4-8-2002

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 **President & Secretary**
NAME **Andrea Mosca**
STREET ADDRESS **1115 Pointe Newport Terrace, Apt. #105**
CITY-ST-ZIP **Casselberry, FL 32707**

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Andrea Mosca, President

Date

Daytime Phone #

4-8-2002 407-265-9385