

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90279 029 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P00000050676

1. Entity Name
NEORIS USA, INC.



Principal Place of Business
703 WATERFORD WAY
SUITE 700
MIAMI, FL 33126

Mailing Address
1200 SMITH STREET
SUITE 2400
HOUSTON, TX 77002

11013972



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1052482

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PENINSULA REGISTERED AGENTS, INC.
200 S BISCAYNE BLVD, 43RD FLOOR
MIAMI, FL 33131

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent's signature required when assisting)

DATE

FILE NOW!!! FEB 15 \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME SAN AGUSTIN, JUAN PABLO
STREET ADDRESS 200 S BISCAYNE BLVD, 43RD FLOOR
CITY-ST-ZIP MIAMI, FL 33131

TITLE D ☐ Delete
NAME HECKER, MARTIN
STREET ADDRESS 200 S BISCAYNE BLVD, 43RD FLOOR
CITY-ST-ZIP MIAMI, FL 33131

TITLE D ☐ Delete
NAME VILLAREAL, RAMIRO
STREET ADDRESS 200 S BISCAYNE BLVD, 43RD FLOOR
CITY-ST-ZIP MIAMI, FL 33131

TITLE P ☒ Delete
NAME HECKER, MARTIN
STREET ADDRESS 200 S BISCAYNE BLVD, 43RD FLOOR
CITY-ST-ZIP MIAMI, FL 33131

TITLE TVP ☐ Delete
NAME MALLERS, ROBERT
STREET ADDRESS 200 S BISCAYNE BLVD, 43RD FLOOR
CITY-ST-ZIP MIAMI, FL 33131

TITLE S ☒ Delete
NAME VILLARREAL, RAMIRO
STREET ADDRESS 200 S BISCAYNE BLVD, 43RD FLOOR
CITY-ST-ZIP MIAMI, FL 33131

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☒ Change ☐ Addition
NAME SAN AGUSTIN, JUAN PABLO
STREET ADDRESS 703 WATERFORD WAY, SUITE 700
CITY-ST-ZIP MIAMI, FL 33126

TITLE DP ☒ Change ☐ Addition
NAME HECKER, MARTIN
STREET ADDRESS 703 WATERFORD WAY, SUITE 700
CITY-ST-ZIP MIAMI, FL 33126

TITLE DS ☒ Change ☐ Addition
NAME VILLAREAL, RAMIRO
STREET ADDRESS 703 WATERFORD WAY, SUITE 700
CITY-ST-ZIP MIAMI, FL 33126

TITLE D- ☐ Change ☒ Addition
NAME JAIRD FERNANDEZ
STREET ADDRESS 703 WATERFORD WAY, SUITE 700
CITY-ST-ZIP MIAMI, FL 33126

TITLE TVP ☒ Change ☐ Addition
NAME MALLERS, ROBERT
STREET ADDRESS 703 WATERFORD WAY, SUITE 700
CITY-ST-ZIP MIAMI, FL 33126

TITLE D ☐ Change ☒ Addition
NAME CAMERON WARE
STREET ADDRESS 703 WATERFORD WAY, SUITE 700
CITY-ST-ZIP MIAMI, FL 33126

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

ROBERT T. MALLERS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/15/03

Daytime Phone #

786-388-3140

PAGE 1 OF 2

attachment

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2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 65-1052482	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent PENINSULA REGISTERED AGENTS, INC. 200 S BISCAYNE BLVD, 43RD FLOOR MIAMI, FL 33131				7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when initiating) DATE _____					
FILE NOW! (IF FEE IS \$150.00) After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAN AGUSTIN, JUAN PABLO 200 S BISCAYNE BLVD, 43RD FLOOR MIAMI, FL 33131 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MARCO MORENO 703 WATERFORD WAY, SUITE 700 MIAMI, FL 33126 ☐ Change ☒ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HECKER, MARTIN 200 S BISCAYNE BLVD, 43RD FLOOR MIAMI, FL 33131 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS ROGER SALDANA 703 WATERFORD WAY, SUITE 700 MIAMI, FL 33126 ☐ Change ☒ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VILLAREAL, RAMIRO 200 S BISCAYNE BLVD, 43RD FLOOR MIAMI, FL 33131 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HECKER, MARTIN 200 S BISCAYNE BLVD, 43RD FLOOR MIAMI, FL 33131 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TVP MALLERS, ROBERT 200 S BISCAYNE BLVD, 43RD FLOOR MIAMI, FL 33131 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S VILLARREAL, RAMIRO 200 S BISCAYNE BLVD, 43RD FLOOR MIAMI, FL 33131 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: ROBERT J. MALLERS <i>[Signature]</i> 4/15/03 786-388-2140 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

CR2E034 (10/02)