

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90038 027 ***150.00

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DO NOT WRITE IN THIS SPACE

DOCUMENT # P 00000051373																			
1. Entity Name ZELERIS USA INC.																			
Principal Place of Business 1221 BRICKELL AV. MIAMI, FL., 33131		Mailing Address 1221 BRICKELL AVENUE SUITE 1200 MIAMI, FL., 33131 C/O PATRICIA MENENDEZ CAMBO																	
2. Principal Place of Business 1221 Brickell Avenue <small>Suite, Apt. #, etc.</small> Suite 1200 City & State Miami, FLA		3. Mailing Address 1221 Brickell Avenue <small>Suite, Apt. #, etc.</small> Suite 1200 City & State Miami, FLA																	
Zip 33131	Country Usa	Zip 33131	Country USA																
6. Name and Address of Current Registered Agent CT CORPORATION 1200 S. PINE ISLAND PLANTATION FL. 33324		7. Name and Address of New Registered Agent <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">Name</td> <td></td> </tr> <tr> <td>Street Address (P.O. Box Number is Not Acceptable)</td> <td></td> </tr> <tr> <td>City</td> <td>FL Zip Code</td> </tr> </table>		Name		Street Address (P.O. Box Number is Not Acceptable)		City	FL Zip Code										
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																			
9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. <small>(See criteria on back)</small> <input checked="" type="checkbox"/>		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State																	
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																	
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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)(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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA MENENDEZ CAMBO P. M. Cambo 4/30/01 305-9255417
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #