2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2001 8:00 am
Secretary of State
04-27-2001 90352 022 ***150.00

DOCUMENT # P00000081246

1. Entity Name

NIXTRON USA, CORP.

Principal Place of Business	Mailing Address
6867 RIVER OAKS DRIVE SUITE M103 ORLANDO FL 32818	6867 RIVER OAKS DRIVE SUITE M103 ORLANDO FL 32818

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
780 THORPE ROAD	1897 S. KIRKMAN RD
Suite, Apt. #, etc.	Suite, Apt. #, etc. #425
City & State: ORLANDO, FLORIDA	City & State: ORLANDO FLORIDA
Zip: 32824 Country: U.S.A.	Zip: 32811 Country: U.S.A.

4. FEI Number: 59-3667983 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PEREIRA JUNIOR, LUIZ MANOEL 6867 RIVER OAKS DRIVE SUITE M103 ORLANDO FL 32818	Name: PEREIRA Junior, Luiz Manoel Street Address (P.O. Box Number is Not Acceptable): 1897 S. Kirkman Rd Suite 425 City: Orlando FL Zip Code: 32811

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: X _____ 04/26/01
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) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS NOT		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD PEREIRA JUNIOR, LUIZ MANOEL 6867 RIVER OAKS DRIVE SUITE M103 ORLANDO FL 32818	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD PEREIRA JUNIOR, LUIZ MANOEL 1897 S. KIRKMAN RD STE 425 ORLANDO, FL 32811	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD DA COSTA, JOSIANE ROSELI 6867 RIVER OAKS DRIVE SUITE M103 ORLANDO FL 32818	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD DA COSTA, JOSIANE ROSELI 1897 S. KIRKMAN RD STE 425 ORLANDO, FL 32811	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD PICHEL, MANUEL LOPEZ 6867 RIVER OAKS DRIVE SUITE M103 ORLANDO FL 32818	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/00)

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: X _____ 04/26/01 Luiz Manoel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #