

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000087113

1. Entity Name

MONDIAL EXPATRIATE SERVICES USA, INC.

FILED

Mar 13, 2001 8:00 am  
Secretary of State

03-13-2001 90002 022 \*\*\*150.00

Principal Place of Business

Mailing Address

C/O DAVID J. HART, P.A.  
100 N. BISCAYNE BLVD., SUITE 2600  
MIAMI FL 33132

C/O DAVID J. HART, P.A.  
100 N. BISCAYNE BLVD., SUITE 2600  
MIAMI FL 33132

2. Principal Place of Business

SAME

3. Mailing Address

SAME

Suite, Apt. #, etc.

SAME

Suite, Apt. #, etc.

SAME

City & State

SAME

City & State

SAME

Zip

SAME

Country

Zip

SAME

Country

4. FEI Number

65-1050230

Applied For

Not Applicable

5. Certificate of Status Desired

(NO)

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HART, DAVID J  
100 N. BISCAYNE BLVD.  
SUITE #2600  
MIAMI FL 33132

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.

SIGNATURE

— NO CHANGE —

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 IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D  
VANN, ARTHUR JAMES  
C/O DAVID J. HART, P.A.  
MIAMI FL 33132

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)