

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 09, 2002 8:00 am**  
**Secretary of State**

04-09-2002 91180 014 \*\*\*150.00

**DOCUMENT # P00000087113**

1. Entity Name

**MONDIAL EXPATRIATE SERVICES USA, INC.**

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

**C/O DAVID J. HART, P.A.**

3. Mailing Address

**C/O DAVID J. HART, P.A.**

Suite, Apt. #, etc.

**21 SE 1 AVE 10 FLOOR**

Suite, Apt. #, etc.

**21 SE 1 AVE 10 FLOOR**

City & State

**MIAMI FL**

City & State

**MIAMI FL**

Zip

**33131**

Country

**USA**

Zip

**33131**

Country

**USA**

4. FEI Number

**65-1050230**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name  
**DAVID J. HART**

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

**21 SE 1 AVE**

**10<sup>th</sup> FLOOR**

City  
**MIAMI**

**FL**

Zip Code  
**33131**

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.

(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, 2002 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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
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STREET ADDRESS  
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STREET ADDRESS  
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ 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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/1/02**

Date

Daytime Phone #

CR2E034 (9/01)