

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90251 030 ***150.00

DOCUMENT # P00000096125

1. Entity Name

MAOS Altronic U.S.A. Inc.

Principal Place of Business

Mailing Address

11401 N.W. 12 STREET
 MIAMI, FLA 33175

2. Principal Place of Business

MIAMI-DADE 11401 NW 12 ST

3. Mailing Address

11401 N.W. 12 ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

Zip

33175

Country

USA

Zip

33175

Country

USA

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Orlando Espeso
 9619 FONTAINBLEAU BLVD #614
 MIAMI, FLA 33172

7. Name and Address of New Registered Agent

Name GUZMAN & ASSOCIATES INC.
 Street Address (P.O. Box Number is Not Acceptable) 1800 S.W. 1 STREET #200
 City MIAMI FL 33135

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

GUZMAN & ASSOCIATES

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/20/01

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

TITLE (P) ESPEJO, ORLANDO (Paid) ☒ Delete
 NAME
 STREET ADDRESS 9619 FONTAINBLEAU BLVD #614
 CITY-ST-ZIP MIAMI, FLORIDA 33172
 TITLE (V) CONTRERAS, BERTHA ☒ Delete
 NAME
 STREET ADDRESS 9619 FONTAINBLEAU BLVD #614
 CITY-ST-ZIP MIAMI, FLORIDA 33172
 TITLE (SD) ESPEJO, MARCELA ☒ Delete
 NAME
 STREET ADDRESS 9619 FONTAINBLEAU BLVD #614
 CITY-ST-ZIP MIAMI, FLORIDA 33172

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P.S. ☒ Change ☐ Addition
 NAME JANE ROMERO (Paid)
 STREET ADDRESS Ave Calle 68 #6849
 CITY-ST-ZIP BOGOTA, COLOMBIA S.A.
 TITLE V.P.T. ☒ Change ☒ Addition
 NAME MAOS Altronic S.A.
 STREET ADDRESS Ave Calle 68 #6849
 CITY-ST-ZIP Bogota, Colombia SA
 TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 the empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-22-01

Date

Daytime Phone #

CH2E034 (10/00)