2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000112285

1. Entity Name

AMBIENTALTEC USA, INC.

Principal Place of Business 5379 LYONS ROAD SUITE PMB 130

Mailing Address

5379 LYONS ROAD SUITE PMB 130

COCONUT CREEK FL 33073 COCONUT CREEK FL 33073 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number 7109 6 City & State City & State Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent -ivade neita りゃいほど JIMENEZ, MIRYAM Street Address (P.O. Box Number is Not Acceptable 4961 N.W. 53RD AVENUE **COCONUT CREEK FL 33073**

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.

FILE NOW!!! FEE IS \$150.00

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. -(See criteria on back)

After MAY 1: 2001-Fee will be \$550.00-

10. Election Campaign Financing Trust Fund Contribution.

OCONU

\$5.00 May Be Added to Fees

Applied For Not Applicable

Apr 20, 2001 8:00 am Secretary of State

04-20-2001 90193 034 ***158.75

Make Check Payable to Department of Cta ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (10/00) ☐ Addition **Q** Delete TITLE PD TITLE SMAN NAME JIMENEZ, MIRYAM STREET ADDRESS STREET ADDRESS 4961 N.W. 53RD AVENUE CITY-ST-ZIP CITY-ST-ZIP COCONUT CREEK FL 33073 Change TITLE Delete NAME NAME RIVADENEIRA, JORGE S STREET ADDRESS STREET ADDRESS 5252 N.W. 51ST AVENUE CITY-ST-ZIP CITY-ST-ZIP FC 3307 T COCONUT CREEK FL 33073 TITLE Delete TITLE NAME NAME VILLANUEVA, TITIANA STREET ADDRESS STREET ADDRESS 5252 N.W. 51ST AVENUE CITY-ST-ZIP CITY-ST-ZIP **COCONUT CREEK FL 33073** TITLE TITLE Change Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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.