## FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 1000001122 1. Entity Name

AMBIENTALTEC USA, INC D00000112295



## **FILED** Jun 12, 2003 8:00 am Secretary of State 06-12-2003 90010 013 \*\*\*158.75

	F00000112203				
	DO NOT WRITE	EIN THIS S	SPACE		
2. Principal Place of Business		3. Mailing Address		2	
5379 LYONS RD		5379 LYONS RD.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
NO. 146		No. 146			
City & State		City & State COCONUT CREEK, FL		4. FEI Number	Applied For
COCONUT CREEK, FL Zip Country		Zip	CREEK, FL Country	65-1071096	Not Applicable
330		33073	USA	5. Certificate of Status Desired	\$8.75 Additional Fee Required
J_V		1 330:5		7. Name and Address of Current Regi	stered Agent
	DO NOT W		Street Address	SE RIVADENEIRA (P.O.: Box Number, is Not Acceptable)  NW 28TH DR. APT 1	
			City	AL SPRINGS	FL Zip C3 3 0 6 5
9 The above	named entity submits this statement	for the purpose of changing	administration a security and a secu	red agent, or both, in the State of Florida.	
	Signey or Appel on physics hamp of registered agent.		NOTE: Registered Agent signature require	06/0	0.6 / 0.3
Jar	nuary 1 - May 1 Fee is \$150.00	2, 2			
	After May 1, Fee is \$550.00 Amended UBR is \$61.25 Payable to Florida Department of	of State		Election Campaign Financin     Trust Fund Contribution.	ng <b>\$5.00</b> May Be Added to Fees
10. 4	OFFICERS AND	DIRECTORS			
TITLE	Р		TITLE		nomination designed in the parameter of the con- transferred to the property of the contract o
NAME	JORGE S RIVADE	NEIRA	NAME		The same of the same of
STREET ADDRESS	9000 NW 28TH DR. 1-208		STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS,	FL 33065	CITY-ST-ZIP		
TITLE NAME	· T		TITLE NAME		
STREET ADDRESS	TATIANA VILLAN		STREET ADDRESS		
CITY-ST-ZIP	5252 NW 51ST A		CITY-ST-ZIP		
COCONUT CREEF, FL 33073			TITLE		The state of the s
NAME	-		NAME		
STREET ADDRESS			STREET ADDRESS	DO NOT W	RITE
CITY-ST-ZIP		<u> </u>	CHY-SI-ZIP	Contact of Contact Con	TO AN COUNTY AND ADMINISTRATION DATE AND CONTROL
TITLE NAME			TIFLE NAME	IN THIS SP	ACE
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		*************************************
TITLE			TITLE		
NAME	•		NAME 2		
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CITY-ST-ZIP			CITY-ST-ZIP	Consequent and Marian (1997).  See the second of the secon	
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NAME STREET ADDRESS			NAME STREET ADDRESS		The state of the s
CITY-ST-ZIP			CITY:ST-ZIP		
	<u> </u>		新年期, 对原文化, 海南大大龙山野藤(H	en de las laguagos estas de la companyon de la	<b>还和"陈京与东西"解"新"社上《南·邓·沙</b>

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06/06/03

(954)600-9791

Daytime Phone #