

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2003 8:00 am
Secretary of State

04-29-2003 90073 012 ***150.00

DOCUMENT # P01000006641

1. Entity Name
CEGA USA CORP.



Principal Place of Business
**16511 BLATT BOULEVARD, #104
WESTON, FL 33326**

Mailing Address
**16511 BLATT BOULEVARD, #104
WESTON, FL 33326**

2. Principal Place of Business

3. Mailing Address



Suite, Apt. #, etc.

1392 Canary Island Dr.

Suite, Apt. #, etc.

1392 Canary Island Dr.

☒ CHECK HERE IF MAKING CHANGES

City & State
Weston, Florida

City & State
Weston, Florida

4. FEI Number
65-1074738

Applied For
☐ Not Applicable

Zip
33327

Country
USA

Zip
33327

Country
USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CEDIEL, JUNIOR R
16511 BLATT BOULEVARD, #104
WESTON, FL 33326**

7. Name and Address of New Registered Agent

Name
Cediel, Junior R.

Street Address (P.O. Box Number is Not Acceptable)
1392 Canary Island Dr.

City
Weston

FL

Zip Code
33327

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent's signature required when amending)

DATE

FILE NEW! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution: ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
CEDIEL, JUNIOR R
16511 BLATT BOULEVARD, #104
WESTON, FL 33326** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**F
GARCIA, CLAUDIA P
16511 BLATT BOULEVARD, #104
WESTON, FL 33326** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Delete

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 Block 11 if changed, or on an attachment with an address, with all other fully empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/03

(954)3499808

Date

Daytime Phone #

CR2E034 (10/02)