

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2002 8:00 am
Secretary of State

04-11-2002 90045 031 ***158.75

DOCUMENT # P01000010125

1. Entity Name
CELTRONIC USA CORP.

Principal Place of Business

**2750 HACKNEY ROAD
 WESTON FL 33331**

Mailing Address

**2750 HACKNEY ROAD
 WESTON FL 33331**

29281



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
8107 NW 29 ST

Suite, Apt. #, etc.

3. Mailing Address

SAME

Suite, Apt. #, etc.

City & State

Miami FL

City & State

4. FEI Number

65-1073189

Applied For

Not Applicable

Zip
33122

Country

MIAMI Dade

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RAIMUNDEZ, JOSEFINA
 3134 CORAL WAY
 MIAMI FL 33148**

Name **GUSTAVO F. Riccobon**

Street Address/P.O. Box Number is Not Acceptable

8107 NW 29 ST

City **MIAMI**

FL

Zip Code **33122**

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

(Gustavo Riccobon,

) 4-2-02

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 **D President** ☐ Delete
 NAME **RICCOBON, GUSTAVO F**
 STREET ADDRESS **2750 HACKNEY ROAD**
 CITY-ST-ZIP **WESTON FL 33331**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **GUSTAVO Riccobon** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **8107 NW 29 ST**
 CITY-ST-ZIP **MIAMI FL 33122**

TITLE ☐ Change ☐ Addition
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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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gustavo Riccobon

Date

Daytime Phone #

4-2-02

305-715-9700

CR2E034 (9/01)