

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

FILED
Jun 11, 2002 8:00 am
Secretary of State

06-11-2002 90390 043 ***150.00

DOCUMENT #P01000020395

1. Entity Name

LANTRONIX USA CORP.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8181 NW 36 ST

Suite, Apt. #, etc.

16C

City & State

MIAMI, FL

Zip
33166

Country

U.S.A

3. Mailing Address

8181 NW 36 ST

Suite, Apt. #, etc.

16C

City & State

MIAMI, FL

Zip

33166

Country

U.S.A

4. FEI Number

65-1087642

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Street Address (P.O.-Box Number is Not Acceptable)

City

FL

Zip Code

**DO NOT WRITE
IN THIS SPACE**

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

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



January 1 - May 1 Fee is \$150.00
After May 1 Fee is \$550.00
Amended UBR is \$61.25
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
NAME
STREET ADDRESS
CITY-ST-ZIP
**President/Director
Patricia V Castro
8181 NW 36 ST # 16 C
Miami, FL 33166**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Patricia V Castro

05/30/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)

Attachment # PO1000020395
117657

May 30, 2002

Lantronix USA Corp
8181 NW 36 ST # 16C
Miami, FL 33166

Division of Corporations

Please accept the report attached to this letter. We did not receive the report and we had to download it from the Internet.

Thank you,



Lantronix USA Corp
