

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

**FILED**  
**May 16, 2002 8:00 am**  
**Secretary of State**

05-16-2002 90061 020 \*\*\*150.00

DOCUMENT #

1. Entity Name

*PO100003215*

SMARTEQ USA, INC.

**DO NOT WRITE IN THIS SPACE**

661851

2. Principal Place of Business

3. Mailing Address

~~3211 Ponce de Leon Blvd.~~ ~~3211 Ponce de Leon Blvd.~~

Suite, Apt. #, etc.  
**Miami, FL**

Suite, Apt. #, etc.  
**Miami, FL**

City & State  
**33143**

City  
**33143**

~~651159745~~

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
**Curtis Carlson**

Street Address (P.O. Box, etc.)  
**One SE Third Avenue**

**Suite 1200**

City  
**Miami**

**FL**

**33131**

Zip Code

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

*Curtis Carlson*

*4/25/02*

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	<b>P/D</b> <b>MIKAEL PETERSON</b> <b>3211 Ponce de Leon Blvd.</b> <b>CORAL GABLES, FL 33143</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VP/S/D</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>JONAS SVENSSON</b> <b>TABYVAGEN 27</b> <b>ENEBYBERG, SWEDEN SE-182.04</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>T/D</b> <b>HANS LJUNG</b> <b>TABYVAGEN 27</b> <b>ENEBYBERG, SWEDEN SE-182.04</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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)(f), 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:

*Mikael Peterson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*April 26, 2002* *863-521-6383*  
Date Daytime Phone #

CR2E034B (12/01)