

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

**FILED**  
**May 01, 2002 8:00 am**  
**Secretary of State**

05-01-2002 91523 030 \*\*\*150.00

**DOCUMENT #** PO1000043768 ✓  
**1. Entity Name**  
TCenter USA, Inc.

**DO NOT WRITE IN THIS SPACE**

**2. Principal Place of Business**  
2075 NE 164th. ST.

Suite, Apt. #, etc.  
Apt. 502

City & State  
North Miami Beach, FL

**3. Mailing Address**  
2075 NE 164th. ST.

Suite, Apt. #, etc.  
Apt. 502

City & State  
North Miami Beach, FL

**4. FEI Number**  
65-1099657

Applied For  
Not Applicable

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name  
Silvia C. Reinhardt

Street Address (P.O. Box Number is Not Acceptable)  
2075 NE 164th. ST.

Apt. 502

City  
North Miami Beach, FL

FL Zip Code  
33162

**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**

*Silvia C Reinhardt*  
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

04/22/2002  
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	Silvia C. Reinhardt	2075 NE 164th. St Apt. 502	North Miami Beach, FL, 33162
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
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TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
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TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

**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:**

*Silvia C Reinhardt*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/22/2002  
Date

786-797-4684  
Daytime Phone #

CR2E034B (12/01)