

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

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90153 032 ***150.00

DOCUMENT # P01000068711

1. Entity Name
DECTRA USA, INC.



DO NOT WRITE IN THIS SPACE

60010269

2. Principal Place of Business
4300 SOUTH HIGHWAY ONE

Suite, Apt. #, etc.
203-323

City & State
JUPITER, FL

Zip
33477

Country
USA

3. Mailing Address
4300 SOUTH HIGHWAY ONE

Suite, Apt. #, etc.
203-323

City & State
JUPITER, FL

Zip
33477

Country
USA

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1120894

Applied For
Not Applicable

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
HARRY M SAMUELS

Street Address (P.O. Box Number is Not Acceptable)
3143 ARBOR LANE

City
HOLLYWOOD

FL Zip Code
33021

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 signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

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
PRESIDENT/TREASURER/DIRECTOR
JACQUES CHANOS
4300 SOUTH HIGHWAY ONE 202-323
JUPITER FL 33477

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
SECRETARY
SUZANNE CHANOS
4300 SOUTH HIGHWAY ONE 202-323
JUPITER FL 33477

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
DIRECTOR
HARRY M SAMUELS
3143 ARBOR LANE
HOLLYWOOD FL 33021

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01-23rd 2003