

**FILED**  
**Sep 03, 2002 8:00 am**  
**Secretary of State**

08-19-2002 90146 042 \*\*\*550.00

**2002 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # P01000071201**

1. Entity Name  
**STEGARCIA US, INC.**

Principal Place of Business  
**609 EAST PINE STREET  
ORLANDO FL 32801**

Mailing Address  
**609 EAST PINE STREET  
ORLANDO FL 32801**

2. Principal Place of Business  
**2316 BLACK HAMMOCK F.C. ROAD**

3. Mailing Address  
**2316 BLACK HAMMOCK F.C. ROAD**

Suite, Apt. #, etc.

City & State  
**OVIEDO, FLORIDA**

City & State  
**OVIEDO, FLORIDA**

Zip  
**32765**

Country  
**U.S.A.**

4. FEI Number  
**59-3738210**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**HENIN, JEROME**  
**609 EAST PINE STREET**  
**ORLANDO FL 32801**

7. Name and Address of New Registered Agent

Name  
**MARTIN, JOEL**

Street Address (P.O. Box Number is Not Acceptable)  
**2274 BLACK HAMMOCK ROAD**

City  
**OVIEDO**

FL Zip Code  
**32765**

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 JOEL MARTIN *[Signature]* **07/18/002**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

**FILE NOW!!! FEE IS \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>GARCIA, STEPHANE</b>	
STREET ADDRESS	<b>30 RUE WASHINGTON</b>	
CITY-ST-ZIP	<b>PARIS 75008, FRANCE</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>P</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MARTIN, JOEL</b>	
STREET ADDRESS	<b>2274 BLACK HAMMOCK ROAD</b>	
CITY-ST-ZIP	<b>OVIEDO, FL 32765</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>RUVELL, OLIVER</b>	
STREET ADDRESS	<b>904, FAIRWAY DR.</b>	
CITY-ST-ZIP	<b>WINTER PARK, FL 32792</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MARTIN, ERIC</b>	
STREET ADDRESS	<b>2270 BLACK HAMMOCK ROAD</b>	
CITY-ST-ZIP	<b>OVIEDO, FL 32765</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: JOEL MARTIN *[Signature]* **07/18/002**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (4/02)