6/19/2002-90929-01

FILED
Jul 18, 2002 8:00 am
Secretary of State

06-19-2002 90929 012 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000090684

1. Entity Name: MBM USA, CORPORATION

DO NOT WRITE IN THIS SPACE

97585

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2. Principal Place of Business	3. Mailing Address
1444 BISCAYNE BLVD	
Suite, Apt. #, etc.: 208	Suite, Apt. #, etc.
City & State: MIAMI, FL	City & State
Zip: 33132 Country: USA	Zip Country

4. FEI Number: 65-1138391 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: EDUARDO MEDELLIN

Street Address (P.O. Box Number is Not Acceptable): 9601 FOUNTAINEBLEAU BLVD # 317

City: MIAMI FL Zip Code: 33172

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: Eduardo Medellin 6-12-02

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	D/P
NAME	EDUARDO MEDELLIN
STREET ADDRESS	9601 FOUNTAINEBLEAU BLVD # 317
CITY-ST-ZIP	MIAMI, FL 33172
TITLE	D/V-T
NAME	ANTONIO BEDOYA
STREET ADDRESS	10490 SW 12 TERRACE # 112
CITY-ST-ZIP	MIAMI, FL 33174
TITLE	D/S
NAME	CAMILO MOLANO
STREET ADDRESS	3400 COLLINS AVE # 405
CITY-ST-ZIP	MIAMI BEACH, FL 33140
TITLE	
NAME	
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CR2E034B (12/01)

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: Eduardo Medellin 6-12-02 (305) 377-3311

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #