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Jun 03, 2002 8:00 am
Secretary of State

05-14-2002 90277 042 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000091090

1. Entity Name

LINEAVIVA U.S.A., INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
169 E FLAGLER STREET		16772 NW 13 COURT	
Suite, Apt. #, etc. SUITE 1534		Suite, Apt. #, etc.	
City & State MIAMI FL		City & State PEMBROKE PINES FL	
Zip 33131	Country	Zip 33028	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1138949

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 CARLOS M EUSSE

Street Address (P.O. Box Number Is Not Acceptable) 16772 NW 13 COURT

City PEMBROKE PINES FL 33028

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: X Soledad Eusse

Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PRESIDENT	TITLE	PRESIDENT
NAME	MARIA M. MARTINEZ	NAME	MARIA M. MARTINEZ
STREET ADDRESS	16419 SAPPIRE DR.	STREET ADDRESS	16772 NW 13 COURT
CITY-ST-ZIP	WESTON FL 33331	CITY-ST-ZIP	PEMBROKE PINES 33028
TITLE	VICEPRESIDENT	TITLE	VICE PRESIDENT
NAME	CARLOS M EUSSE	NAME	CARLOS M EUSSE
STREET ADDRESS	16419 SAPPIRE DR.	STREET ADDRESS	16772 NW 13 COURT
CITY-ST-ZIP	WESTON FL 33331	CITY-ST-ZIP	PEMBROKE PINES 33028
TITLE	SECRETARY	TITLE	SECRETARY
NAME	SOLEDAD B EUSSE	NAME	SOLEDAD B EUSSE
STREET ADDRESS	~~16419 SAPPIRE DR~~	STREET ADDRESS	~~16772 NW 13 COURT~~
CITY-ST-ZIP	WESTON FL 33331	CITY-ST-ZIP	PEMBROKE PINES 33028
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: X Soledad Eusse 5/28/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR