FILED
May 13, 2002 8:00 am
Secretary of State
05-13-2002 90096 028 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000102933

1. Entity Name

AVIGREEN (USA), INC.

2. Principal Place of Business	3. Mailing Address
7250 NW 35 TR	P.O. BOX 832137
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI, FL	City & State: MIAMI, FL7
Zip: 33122 Country:	Zip: 332832137 Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-1150257 ☐ Applied For ☐ Not Applicable

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

VALDES-FAULDI CORPORATE SERVICES, INC.
2 SOUTH BISCAYNE BLVD., SUITE 3400
ONE BISCAYNE TOWER
MIAMI, FL 33131

7. Name and Address of Current Registered Agent

Name: BALLESTAS AND ASSOCIATES, INC.
Street Address (P.O. Box Number is Not Acceptable): 7730 SW 68 TR
City: MIAMI FL 33143-2137

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: [signature] PRESIDENT, BALLESTAS & ASSOCIATES, INC. 4-24-2002
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) XX ☒

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 PLAT, ALFREDO J. STREET ADDRESS 7250 NW 35 TR CITY ST ZIP MIAMI, FL 33122	TITLE NAME STREET ADDRESS CITY ST ZIP
TITLE S NAME SCHULZINGER DE PLAT, MARTHA STREET ADDRESS 7250 NW 35 TR CITY ST ZIP MIAMI, FL 33122	TITLE NAME STREET ADDRESS CITY ST ZIP
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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: [signature] 4/24/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

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