

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

FILED
Aug 26, 2002 8:00 am
Secretary of State

08-26-2002 90051 014 ***158.75

DOCUMENT # P01000105313..

1. Entity Name

LONTEC (USA), INC.

976287

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2121 PONCE DE LEON

Suite, Apt. #, etc. 240-

3. Mailing Address
2121 PONCE DE LEON

Suite, Apt. #, etc. 240

DO NOT WRITE IN THIS SPACE

City & State
CORAL GABLES, FL

Zip 33134 **Country**

City & State
CORAL GABLES, FL

Zip 33134 **Country**

4. FEI Number 65-1154383

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

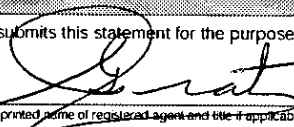
Name PRATS, GABRIEL

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

2121 PONCE DE LEON BLVD., #240

City CORAL GABLES **FL** **Zip Code** 33134

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, typed or printed name of registered agent and fee 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 NAME STREET ADDRESS CITY - ST - ZIP	DPST GAUERKE, PEDRO L 2121 PONCE DE LEON, #240 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY - ST - ZIP	M PEREZ-KUPER, CARLOS 2121 PONCE DE LEON, #240 CORAL GABLES, FL 33134
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)

Attachment
#PO1000105313
976287

LONTEC (USA) INC.		[Redacted]	1030
Date: April 23 rd 2002		63-151/670	19
Pay to the Order of	Department of State	\$ 158.75	
hundred fifty eight 75/100		Dollars	 Security features are included. Details on back.
 COLONIAL BANK Miami, Florida 33131 24 Hr. Banking Call 1-800-897-6935		[Signature]	
For	#PO1000105313	MP	
⑆06700⑆58⑆8030997⑆45⑆1030			

© Clarke American GUARDIAN SAFETY BLUE DEBL

Attachment
976287

LONTEC (USA), INC.
2121 Ponce de Leon Blvd #240
Coral Gables, FL 33134

August 15, 2002

Uniform Business Report
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: **P01000105313**

To whom it may concern:

We have received your letter in which we are informed that our check was returned for a written error, however we have been away from the US for some time and were not aware of this.

We have enclosed a completed 2002 U.B.R. and a check for \$158.75. We hereby request an abatement of the filing late penalties.

If you have any questions, please call our accountants Prats Fernandez & Co. at Tel: (305) 444-8333.

Sincerely,



LONTEC (USA), INC.