FILED
May 19, 2003 8:00 am
Secretary of State
04-28-2003 91475 027 ***150.00

4

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000038640

1. Entity Name
RIFLEX DEVELOPMENT USA, INC.

55041956

[redacted]

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
8140 CLEARY BLVD		8140 CLEARY BLVD	
Suite, Apt. #, etc.: 1406		Suite, Apt. #, etc.: 1406	
City & State: PLANTATION, FL		City & State: PLANTATION, FL	
Zip: 33324	Country: USA	Zip: 33324	Country: USA

4. FEI Number 81-0552691 — ☑ 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

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

City FL Zip Code

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

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	PRESIDENT	TITLE	
NAME	DANIEL M. PIMAS	NAME	
STREET ADDRESS	8140 CLEARY BLVD #1406	STREET ADDRESS	
CITY-ST-ZIP	PLANTATION, FL. 33324-1374	CITY-ST-ZIP	
TITLE	VICE-PRESIDENT	TITLE	
NAME	DANIEL O. TUSIANI	NAME	
STREET ADDRESS	8140 CLEARY BLVD #1416	STREET ADDRESS	
CITY-ST-ZIP	PLANTATION, FL 33324-1374	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	DO NOT WRITE
CITY-ST-ZIP		CITY-ST-ZIP	IN THIS SPACE
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	

CR2E034B (12/02)

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 4/17/03 954-452-4553
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

DIVISION OF CORPORATIONS
UNIFORM BUSINESS
REPORT FILINGS
P.O. BOX 1500
TALLAHASSEE,
FL-32302-1500

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Damien Peterson ☑ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery

DAMIEN PETERSON

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

TALLAHASSEE FL AFR 28 2003 USPS

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number
(Transfer from service label) 7002 2030 0001 2704 8796

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540

Attachment

550419454

PD 2000 38640