

FILED  
Apr 02, 2003 8:00 am  
Secretary of State

02-05-2003 90179 015 \*\*\*150.00

2/3

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000068863

1. Entity Name  
SAMY USA CORPORATION



Principal Place of Business  
9201 SUMMIT CENTER WAY  
#303  
ORLANDO FL 32810

Mailing Address  
9201 SUMMIT CENTER WAY  
#303  
ORLANDO FL 32810

55021710



2. Principal Place of Business  
451 E. ALTAMONTE DR.  
Suite Apt. #, etc.  
1479

3. Mailing Address  
157 VILLA DI ESTE TERRACE  
Suite Apt. #, etc.  
209

☐ CHECK HERE IF MAKING CHANGES

City & State  
ALTAMONTE SPRINGS  
Zip  
32701  
Country

City & State  
LAKE MARY FL  
Zip  
32746  
Country

4. FEI Number  
03-0462819

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

BRUMER, BARRY N  
5728 MAJOR BLVD.  
SUITE 545  
ORLANDO FL 32819

7. Name and Address of New 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 reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00**  
After May 1, 2003 Fee will be \$350.00  
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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
FERREIRA ZACHARIAS, MARIA D  
9201 SUMMIT CENTER WAY  
ORLANDO FL 32810 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SD  
FERREIRA ZACHARIAS, SAMIRA  
9201 SUMMIT CENTER WAY  
ORLANDO FL 32810 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
FERREIRA ZACHARIAS, MARIA D  
157 VILLA DI ESTE TERRACE #209  
LAKE MARY FL. 32746 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SD  
FERREIRA ZACHARIAS, SAMIRA  
157 VILLA DI ESTE TERRACE #209  
LAKE MARY FL. 32746 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *K. Samira Ferreira*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/28/2003 407-767-0508  
Date Daytime Phone #

CR2E034 (10/02)