

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

FILED
Jan 31, 2003 8:00 am
Secretary of State

01-31-2003 90132 012 ***150.00

DOCUMENT # P02000108196
1. Entity Name
FIRST CLASS REPRESENTATIONS USA CORPORATION



Principal Place of Business
**100 N. BISCAYNE BLVD.
#2608
MIAMI FL 33132
US**

Mailing Address
**100 N. BISCAYNE BLVD.
#2608
MIAMI FL 33132
US**

2. Principal Place of Business
**815 N.W. 57 Avenue
Suite, Apt. #, etc.
Suite 206**

3. Mailing Address

Suite, Apt. #, etc.

City & State
Miami, FL

City & State

4. FEI Number
38-3663063

Applied For
Not Applicable

Zip
33126

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BERNSTEIN, JEFFREY A ESQ
100 N. BISCAYNE BLVD.
#2608
MIAMI FL 33132**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P S D** ☐ Delete
NAME **SOUED, ALFONSO**
STREET ADDRESS **100 N. BISCAYNE BLVD., #2608**
CITY-ST-ZIP **MIAMI FL 33132**

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

TITLE **VP T D** ☐ Delete
NAME **BEGO, LEOPOLDO**
STREET ADDRESS **100 N. BISCAYNE BLVD. #2608**
CITY-ST-ZIP **MIAMI FL 33132**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

SIGNED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Alfonso Soued, President

1/28/03

305-265-1116

Date

Daytime Phone #

CR2E034 (10/02)