

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000077375

1. Entity Name  
UST XV GP CORP.



Principal Place of Business

%ESTEIN & ASSOCIATES USA, LTD.  
5211 INTERNATIONAL DR  
ORLANDO, FL 32819

Mailing Address

%ESTEIN & ASSOCIATES USA, LTD.  
5211 INTERNATIONAL DR  
ORLANDO, FL 32819

**FILED**  
**Apr 20, 2007 08:00 A**  
**Secretary of State**



04162007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-3408454

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

ESTEIN, LOTHAR  
%ESTEIN & ASSOCIATES USA, LTD.  
5211 INTERNATIONAL DR  
ORLANDO, FL 32819

**DO NOT WRITE  
IN THIS SPACE**

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

**10. OFFICERS AND DIRECTORS**

|                |                       |
|----------------|-----------------------|
| TITLE          | D                     |
| NAME           | ESTEIN, LOTHAR        |
| STREET ADDRESS | 5211 INTERNATIONAL DR |
| CITY-ST-ZIP    | ORLANDO, FL 32819     |
| TITLE          |                       |
| NAME           |                       |
| STREET ADDRESS |                       |
| CITY-ST-ZIP    |                       |
| TITLE          |                       |
| NAME           |                       |
| STREET ADDRESS |                       |
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| TITLE          |                       |
| NAME           |                       |
| STREET ADDRESS |                       |
| CITY-ST-ZIP    |                       |

**DO NOT WRITE  
IN THIS SPACE**

U00000720303  
05/01/07-80098-021 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/07  
Date

Daytime Phone #