

2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # P05000154134

1. Entity Name
UST XVI CORPORATION



Principal Place of Business
% ESTEIN & ASSOCIATES USA, LTD.
5211 INTRNL DR - ATTN:LOTHAR ESTEIN
ORLANDO, FL 32819

Mailing Address
% ESTEIN & ASSOCIATES USA, LTD.
5211 INTRNL DR - ATTN:LOTHAR ESTEIN
ORLANDO, FL 32819



04162007 No Chg-P CR2E034 (11/05)

4. FEI Number
20-3826348

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

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 INTERANTAIONL DR
CITY-ST-ZIP ORLANDO, FL 32819

TITLE
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IN THIS SPACE**

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05/01/07-80098-017 150.00

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

Date

Daytime Phone #

4/17/07