

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000026198

1. Entity Name

SUNTEC USA INC.

Principal Place of Business

C/O PHILIPPE HUG
3014 WEST CROWN PTE
NAPLES FL 34112
US

Mailing Address

C/O HUGUETT DIONNE
3014 W. CROWN PTE BLVD
NAPLES FL 34112
US

2. Principal Place of Business

3. Mailing Address

% Hugnette Dionne

Suite, Apt. #, etc.

217 Porter St.

Suite, Apt. #, etc.

217 Porter St.

City & State

NAPLES

City & State

NAPLES

Zip

34113

Country

Zip

34113

Country

4. FEI Number

65-0410699

Applied For

Not Applicable

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

DIONNE, HUGUETTE

3014 WEST CROWN PTE

NAPLES FL 34112

Name

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

217 PORTER ST.

City

NAPLES

FL

Zip Code

34113

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '11

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
PTS
HUG, PHILIPPE
3014 WEST CROWN POINTE
NAPLES FL 34112

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
217 PORTER ST.
NAPLES FL 34113

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
400004645444--9
-10/19/01--01032--023
*****400.00 *****400.00

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE PHILIPPE HUG
SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/30/2001

Date

Daytime Phone #

FILED

01 OCT 15 AM 11:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



6/27/01 90004/033 \$150.00
DO NOT WRITE IN THIS SPACE

CR2E034 (5/01)