FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State
05-15-2002 90101 050 ***150.00

DOCUMENT # P95000018232

1. Entity Name
CHAMPION U.S.A.,INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
9341 SW 118 Place	9341 SW 118 Place
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami-FLorida	City & State: Miami-FLorida
Zip: 33186 Country: USA	Zip: 33186 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0558583 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: David Ensignia S.

Street Address (P.O. Box Number is Not Acceptable): 9341 SW 118 Place

City: Miami- FL Zip Code: 33186

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE	PD
NAME	Mahtani, Gobind P.
STREET ADDRESS	9341 SW 118 Place
CITY-ST-ZIP	Miami-Florida 33186
TITLE	VPD.
NAME	David Ensignia
STREET ADDRESS	9341 SW 118 Place
CITY-ST-ZIP	Miami-Florida 33186
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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

SIGNATURE: _____ 04-30-02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #