

**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

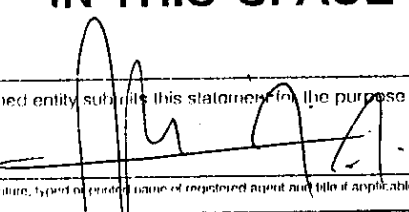
2. Principal Place of Business 9341 SW 118 Place Suite, Apt. #, etc.		3. Mailing Address 9341 SW 118 Place Suite, Apt. #, etc.	
City & State Miami-Florida		City & State Miami-Florida	
Zip 33186	Country USA	Zip 33186	Country USA

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			
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

**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.

SIGNATURE  **DATE**

Signature, typed or printed name of registered agent not applicable (NOTE: Registered Agent signature required when re-statute)

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

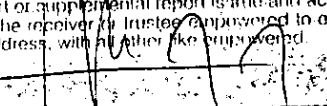
**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State**

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS			
TITLE PRESIDENT	NAME Mahtani, Gobind P.	TITLE PRESIDENT	
STREET ADDRESS 9341 SW 118 Place		STREET ADDRESS	
CITY-STATE-ZIP Miami-Florida 33186		CITY-STATE-ZIP	
TITLE VICE PRESIDENT	NAME David Ensignia	TITLE VICE PRESIDENT	
STREET ADDRESS 9341 SW 118 Place		STREET ADDRESS	
CITY-STATE-ZIP Miami-Florida 33186		CITY-STATE-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE:  **DATE** 4-30-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR