FILED
May 07, 2002 8:00 am
Secretary of State
05-07-2002 90240 017 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000060278

1. Entity Name
Performance Machine Systems USA Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2310 NW 55th Court	2310 NW 55th Court
Suite, Apt. #, etc.: 120	Suite, Apt. #, etc.: 120
City & State: Fort Lauderdale FL	City & State: Fort Lauderdale FL
Zip: 33309 Country:	Zip: 33309 Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0610024 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Carolyn Stasi
Street Address (P.O. Box Number is Not Acceptable): 2257 NE 25th St
City: Lighthouse Point FL Zip Code: 33064

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: Carolyn Stasi Carolyn Stasi 4-24-02
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)

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	Pres Carolyn Smith 2257 NE 25th St Lighthouse Point fl 33064
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CR2E034B (12/01)

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: Carolyn Stasi Carolyn Stasi 4-24-02 954 485 9910
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #