

2001. UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P 95000085485**

1. Entity Name

SERTER U.S.A. CORPORATION

Principal Place of Business

Mailing Address

**447 N.W. 98 COURT
Miami, FL 33172**

SAME

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

521984468

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

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

**ANGEL NORRALES
447 N.W. 98 COURT
Miami, FL 33172**

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 \$150.00
After MAY 1, 2001 Fee will be \$550.00
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 **PO**
NAME **ANGEL NORRALES**
STREET ADDRESS **447 N.W. 98 COURT**
CITY-ST-ZIP **Miami, FL 33172**
☐ Delete

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

TITLE **VICE-PRESIDENT**
NAME **ALIYUREI NORRALES**
STREET ADDRESS **447 N.W. 98 COURT**
CITY-ST-ZIP **Miami, FL 33172**
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
**4000004430084--2
-06/19/01--01075--016
****300.00 ****300.00**

TITLE **201.25-AR**
NAME
STREET ADDRESS **10.00-MARTS**
CITY-ST-ZIP **88.75-SUP**
☐ Delete

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

TITLE
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CITY-ST-ZIP
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☐ Delete

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition
00-01 UBR

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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FILED

01 JUN 13 PM 2:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02503/11/00

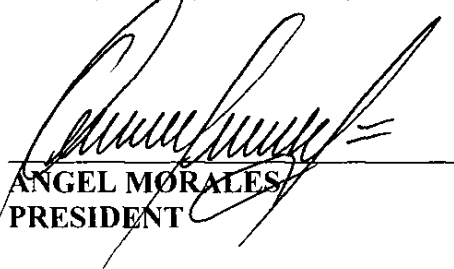
PA9022

Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32314

Per instructions from Division of Corporations, I am attaching a check in the amount of \$ 300.00 for the annual report fee with my application.

I also state that I have not received any notice from the Division of Corporations in respect with my Corporation **SERTER U.S.A. CORPORATION**

Thank you for your courtesy in this matter.


ANGEL MORALES
PRESIDENT