

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P96000013566

1. Entity Name

Speedline U.S.A. Inc.

Amended

FILED 09-30-2002 90177 017 **** 61.25
SECRETARY OF STATE P96000013566
DIVISION OF CORPORATIONS

02 OCT -3 PM 12:01

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

665 Washington Ave.

Suite, Apt. #, etc.

3. Mailing Address

5151 Collins Ave.

Suite, Apt. #, etc.

Apt. 1001

DO NOT WRITE IN THIS SPACE

City & State

Miami Beach, FL

City & State

Miami Beach, FL

4. FEI Number

65-0800243

Applied For

Not Applicable

Zip

33139

Country

Zip

33140

Country

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

Philippe Protin

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

5151 Collins Ave.

Apt. #1001

City

Miami Beach

FL

Zip Code

33140

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

Philippe Protin

9-1-02

(NOTE: Registered Agent signature required when reappointing)

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	President
NAME	Philippe Protin
STREET ADDRESS	5151 Collins Ave. # 1001
CITY - ST - ZIP	Miami Beach, FL 33140
TITLE	Vice President
NAME	Viviane Protin
STREET ADDRESS	5151 Collins Ave. # 1001
CITY - ST - ZIP	Miami Beach, FL 33140
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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**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

Philippe Protin

9-7-02 305-861-065

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Date

Daytime Phone #

CR2E0348 (12/01)

10/7/02
aw