2002 UNIFORM BUSINESS REPORT (UBR)

P96000033363 **DOCUMENT #** 1. Entity Name SOUTH TECH - U.S.A., INC.

8265 S.W. 1 MIAMI FL-33	Place of Business OVE TSLE DRIVE: #_etc.	Mailing Address 8265 S.W. 145TH STREE MIAMI FL 33158 3. Mailing Address GROVE Juite, Apt. # etc.		DRIV		- - - - - -		DT WRITE IN	THIS SPACE	
COEC	NUT GROVE FL	COCONO	SOVE	FL	4. FEI Nur				Applied For Not Applicable	
_331		<u>33133</u>	Ü	SA	_	5. Certifica	ite of Status De	sired [\$8.75 A Fee Requi	
· .	6. Name and Address of Current I	Registered Agent		<u> </u>		7. Name a	nd Address of	New Registe		
FEINSWO 8265 S.W MIAMI FL		Street A	TRO	O. Box Nun	ber is Not Acc	aptable)	#505			
				City (OCO	NUT	GROU	F.	FL 型突	de 3.3
9. This corpo	signature, typed or printed fame of registered agent are praction is eligible to satisfy its Intangible requirement and elects to do so.	FILE NOW!	Ses Registered	Agent signated in Section 15 \$150.	00 550.00	vhen reinstating)	coth, in the Stat	y o		00 May Be
	OFFICERS AND D	Make Check Payab		partmen	t of State)			_ naac	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FEINSWOG, SCOTT L 8265 S.W. 145TH STREET MIAMI FL 33158	Delete	\ \		3.G				AND DIRECTOR Change #SOS	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREE CITY-S	T ADDRESS	<u> </u>		<u> </u>	<u> </u>	☐ Change	Addition
TITLENAME STREET ADDRESS CITY-ST-ZIP	المحاصورة الوروائد والمحسن المايية العمد المارواؤات		TITLE . NAME STREET CITY-S	I ADDRESS ST-ZIP	eF. ⊕i		о - e-g q		Change_	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	NAME STREET CITY-S	ADDRESS T-ZIP	,			_	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-S	ADDRESS T-ZIP	•				☐ Change	Addition
ITLE IAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	CITY-S	- 1					☐ Change	Addition
 I hereby ce indicated control control 	ertify that the information supplied with the on this report or supplemental report is true cretical or the receiver of the re	s filing does not qualify for the and accurate and that my	ne exemi signatur	otion state e shall ha	d in Section	on 119.07(3) ne legal effe	(i), Florida Statu	utes. I further	certify that the in	nformation or director

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 ment with anyaddress, with all other like empowered.

SIGNATURE: