

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000019447

1. Entity Name

MECAT USA, INC.

FILED
Apr 05, 2000 8:00 am
Secretary of State

04-05-2000 90060 011 ***150.00

Principal Place of Business

Mailing Address

~~7520 UNIVERSAL BLVD.~~
~~SUITE 140~~
ORLANDO FL 32819

~~625 COURT STREET~~
~~CLEARWATER FL 33756-5505~~

2. Principal Place of Business

7810 KINGSPOINTE PKWY

3. Mailing Address

SAME

Suite, Apt. #, etc.

SUITE 146

Suite, Apt. #, etc.

City & State

ORLANDO, FL

City & State

Zip

32819

Country

ORANGE

Zip

Country

4. FEI Number

59-3528506

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CARVALHO, ENIO
7520 UNIVERSAL BLVD.
SUITE 140
ORLANDO FL 32819

7. Name and Address of New Registered Agent

Name: ATTILIO TURCHETTI
Street Address (P.O. Box Number is Not Acceptable): 5615 BLUE SHADOWS CT
City: ORLANDO
State: FL Zip Code: 32811

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: ATTILIO TURCHETTI - *Attilio Turchetti* 3-30-00

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, 2000 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

TITLE: PT ☐ Delete
NAME: TURCHETTI, ATTILIO
STREET ADDRESS: 7520 UNIVERSAL BLVD. SUITE 140
CITY-ST-ZIP: ORLANDO FL 32819

TITLE: S ☒ Delete
NAME: CARVALHO, ENIO
STREET ADDRESS: 7520 UNIVERSAL BLVD.
CITY-ST-ZIP: ORLANDO FL 32819

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: PTS ☐ Change ☐ Addition
NAME: TURCHETTI, ATTILIO
STREET ADDRESS: 5615 BLUE SHADOWS CT
CITY-ST-ZIP: ORLANDO, FL 32811

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

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

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

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

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:

Attilio Turchetti ATTILIO TURCHETTI 3-30-00 407 903-7250

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)