

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

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90235 022 ***150.00

DOCUMENT # P98000034007

1. Entity Name

LIFTO USA, CORPORATION



80108627

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8345 N.W 66TH ST

3. Mailing Address

821 SW 122 AVE

Suite, Apt. #, etc.

#3148

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

65-0828362

Applied For

Not Applicable

Zip

33166

Country

Zip

33184

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name REZSO LEON DIVENYI

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

7426 SW 82ND STREET APT D-221

City MIAMI

FL

Zip Code

33172

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

REZSO LEON DIVENYI

04-28/03

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
P/ ALBERTO MASSO 275 RUA MANOEL DE
GOIS /SAO PAULO, BRAZIL 05604-000

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
VP/ REZSO LEON DIVENYI/7426 SW 82ND
ST APT D-221/MIAMI, FL 33172

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IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rezendia

(305)662.1832

04-28/03

Date

Daytime Phone #

CR2E034B (12/02)