

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000061645

1. Entity Name
REFLEXA U.S.A., INC.

FILED
Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90043 035 ***150.00

Principal Place of Business
C/O KENT HUFMAN, ESQUIRE
223 SUNSET AVENUE, SUITE 400 260
PALM BEACH FL 33480

Mailing Address
C/O KENT HUFMAN, ESQUIRE
223 SUNSET AVENUE, SUITE 400 260
PALM BEACH FL 33480



DO NOT WRITE IN THIS SPACE

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	65-0858625	Applied For	<input type="checkbox"/>
		Not Applicable	<input type="checkbox"/>
5. Certificate of Status Desired		<input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
HUFFMAN, KENT C/O KENT HUFMAN, ESQUIRE 223 SUNSET AVENUE, SUITE 400 260 PALM BEACH FL 33480		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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 _____ (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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS PFERDEKAMPER, H E % HUFFMAN, 223 SUNSET AVE PALM BEACH FL 33480 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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] (PFERDEKAMPER) 01-30-01 [Signature] 753 0819

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)

KENT HUFFMAN
ATTORNEY AT LAW
223 SUNSET AVENUE SUITE 260
PALM BEACH, FLORIDA 33480

TELEPHONE (561) 833-5833
TELECOPIER (561) 835-0855

P880 00061645
811466

Secretary of State
Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: REFLEXA U.S.A., INC.

Dear Sirs:

Accompanying this letter you will find the 2001 UNIFORM
BUSINESS REPORT of the above referenced corporation, and a check
in the amount of \$150.00, payable to the Secretary of State to
cover your fee for this filing.

Sincerely,

Kent Huffman

KH/mac