## 2001 UNIFORM BUSINESS REPORT (UBR)

## FILED Feb 06, 2001 8:00 am Secretary of State DOCUMENT # **P98000061645** REFLEXA U.S.A., INC. 02-06-2001 90043 035 \*\*\*150.00 Principal Place of Business Mailing Address C/O KENT HUFMAN. ESQUIRE C/O KENT HUFMAN, ESQUIRE 223 SUNSET AVENUE. SUITE 130- 260 223 SUNSET AVENUE. SUITE 480. 7 60 PALM BEACH FL 33480 PALM BEACH FL 33480 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0858625 Not Applicable Country \$8.75 Additional "Zip. Country 5. Certificate of Status Desired Fee.Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HUFFMAN, KENT Street Address (P.O. Box Number is Not Acceptable) C/O KENT HUFMAN, ESQUIRE 223 SUNSET AVENUE, SUITE 480 Z60 PALM BEACH FL 33480 City Zip Code FL 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. DPS ☐ Addition TITLE ☐ Delete TITLE PFERDEKAMPER, H E NAME NAME STREET ADDRESS STREET ADDRESS % HUFFMAN, 223 SUNSET AVE CITY-ST-ZIP CITY-ST-ZIP PALM BEACH FL 33480 ☐ Addition Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

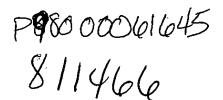
13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## **KENT HUFFMAN**

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

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



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