

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90127 034 ***158.75

DOCUMENT # P98000093084

1. Entity Name
MOXWOOD USA INC.



Principal Place of Business
1900 S HARBOR CITY BLVD
~~SUITE 323~~
MELBOURNE FL 32901
US

Mailing Address
1900 S HARBOR CITY BLVD
~~SUITE 323~~
MELBOURNE FL 32901
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc. **SUITE 115**

Suite, Apt. #, etc. **SUITE 115**

City & State

City & State

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3550967**

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KOSTRO, VICTOR S
1825 RIVERVIEW DR.
MELBOURNE FL 32901

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. 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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **KEARNS, NEVILLE**
STREET ADDRESS **58 SANDER RD. NEW GERMANY KWAZULU NATAL**
CITY-ST-ZIP **SOUTH AFRICA**

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

TITLE **D** ☒ Delete
NAME **GREIG, TIM**
STREET ADDRESS **20 BALMORAL DR. COWIES HILL KWAZULU NATAL**
CITY-ST-ZIP **SOUTH AFRICA**

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

TITLE **PSTD** ☐ Delete
NAME **BINAI, EDWARD**
STREET ADDRESS **540 E. FRANKLYN AVE.**
CITY-ST-ZIP **INDIANLANTIC FL 32903**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

1-7-03 305-952-7725

CR2E034 (10/02)