

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

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90129 001 ***150.00

DOCUMENT # P99000004569

1. Entity Name

8B8 (USA) INC.



DO NOT WRITE IN THIS SPACE

11029450

2. Principal Place of Business
318 INDIAN TRACE

3. Mailing Address
318 INDIAN TRACE

Suite, Apt. #, etc.
#141

Suite, Apt. #, etc.
#141

DO NOT WRITE IN THIS SPACE

City & State
WESTON, FL

City & State
WESTON, FL

4. FEI Number 650908327

Applied For
Not Applicable

Zip
33326

Country
U.S.

Zip
33326

Country
U.S.

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

7. Name and Address of Current Registered Agent

Name ANTONIO GARCIA

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

2588 SW 27TH AVE.

City WESTON

FL

Zip Code 33326

**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

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
DPST
ILLEMANN, IAN ERIK
546 PENTA COURT, WESTON, FL 33327

TITLE
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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 or authorized to file 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 information.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ian Erik Illemann

4/28/03

786-6834970

Date

Daytime Phone #

CR2E034B (12/02)