2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)** 

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## DOCUMENT # P99000004846 **Secretary of State** 1. Entity Name 04-30-2004 90268 049 \*\*\*150.00 U.T. & S INTERNATIONAL, INC. Principal Place of Business Mailing Address 781 CRANDON BLVD. 781 CRANDON BLVD. SUITE #702 KEY BISCAYNE FL 33149 SUITE #702 KEY BISCAYNE FL 33149 2. Principal Place of Business 600 OVICREIL AVE 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State City & State Applied For 65-0890065 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MATEUS HERNANDO MATEUS, HERNANDO Street Address (P.O. Box Number is Not Acceptable) 781 CRANDON BLVD. **SUITE # 702** 600 Brickell AVE **KEY BISCAYNE FL 33149** 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10 11. TITLE ☐ Delete TITLE MATEUS HERNANDS MATEUS, HERNADO NAME NAME Goobrienell Ave Ste 700 STREET ADDRESS 781 CRANDON BLVD. #702 STREET ADDRESS MIAMI, FL, 33131 KEY BISCAYNE FL 33149 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition TITLE TITLE WATEUS BEATEIR MATEUS, BEATRIZ D NAME NAME 600 brichell Ave ste 700 STREET ADDRESS 781 CRANDON BLVD #702 STREET ADDRESS CITY-ST-ZIP MIAMI, FL, 33131 CITY-ST-ZIP KEY BISCAYNE FL 33149 ☐ Defete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP .... Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 Hernando Mateur

FILED

Apr 30, 2004 8:00 am