

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000046657

1. Entity Name

THE MOMENTUM COMPANY-USA, INC.

**FILED**  
Feb 09, 2001 8:00 am  
Secretary of State

02-09-2001 90235 024 \*\*\*150.00

Principal Place of Business

888 BRICKELL AVE., 5TH FLOOR  
MIAMI FL 33131

Mailing Address

888 BRICKELL AVE., 5TH FLOOR  
MIAMI FL 33131

00016176



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0921995

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

LEON, ALBERTO A  
888 BRICKELL AVE., 5TH FLOOR  
MIAMI FL 33131

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

Signature, typed or printed name of registered agent and title if applicable.

(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) ☐

**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. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME                       | STREET ADDRESS                        | CITY-ST-ZIP                                    |  | TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP |   |
|-------|----------------------------|---------------------------------------|--|--|-------|------|----------------|-------------|---|
|       | D                          | CERDAS DE MEJIA, ANA M                | 888 BRICKELL AVE., 5TH FLOOR<br>MIAMI FL 33131 | <input type="checkbox"/> Delete            |       |      |                |             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|       | <del>LEON, ALBERTO A</del> | <del>888 BRICKELL AVE 5TH FLOOR</del> | <del>MIAMI FL 33131</del>                      | <input checked="" type="checkbox"/> Delete |       |      |                |             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|       |                            |                                       |  | <input type="checkbox"/> Delete            |       |      |                |             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|       |                            |                                       |  | <input type="checkbox"/> Delete            |       |      |                |             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|       |                            |                                       |  | <input type="checkbox"/> Delete            |       |      |                |             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|       |                            |                                       |  | <input type="checkbox"/> Delete            |       |      |                |             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|       |                            |                                       |  | <input type="checkbox"/> Delete            |       |      |                |             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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:

*Ana M. Cerdas de Mejia*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR ANA M. CERDAS DE MEJIA  
DIRECTOR

2/4/2001  
Date

PR 1-305-  
350-0028  
Daytime Phone #

CR2E034 (10/00)