

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2000 8:00 am
Secretary of State
 05-12-2000 90056 043 ***150.00

DOCUMENT # P99000053875

1. Entity Name
 NORTEAM USA CORPORATION
 2742 BISCAYNE BLVD
 MIAMI, FL 33137

Principal Place of Business
 2742 BISCAYNE BLVD
 MIAMI, FL 33137

Mailing Address
 2742 BISCAYNE BLVD
 MIAMI, FL 2237

2. Principal Place of Business
 State, Apt. #, etc.
 City & State
 Zip

3. Mailing Address
 2742 BISCAYNE BLVD
 MIAMI, FL 33137
 City & State
 Zip

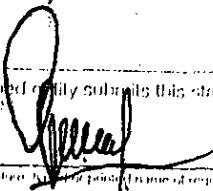
4. FIC Number
 65-0954253

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

6. Name and Address of Current Registered Agent
 PABLO G. BARREIRO
 2742 BISCAYNE BLVD
 MIAMI, FL 33137

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 2742 BISCAYNE BLVD
 City MIAMI FL 33137 FL Zip Code

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.

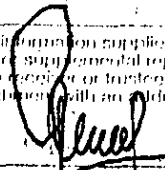
SIGNATURE  DATE 4/26/00

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
NAME	DELETE	NAME	☒ Change ☐ Addition
ADDRESS		STREET ADDRESS	
ST-ZIP		CITY ST-ZIP	
DP		NAME	☒ Change ☐ Addition
PABLO G. BARREIRO		STREET ADDRESS	
330 SUNNY ISLE BLVD		CITY ST-ZIP	
SUNNY ISLE, FL 33160		NAME	☐ Change ☐ Addition
D		STREET ADDRESS	
BEATRIZ E. ALLOCO DE BARREIRO		CITY ST-ZIP	
330 SUNNY ISLE BLVD		NAME	☐ Change ☐ Addition
SUNNY ISLE, FL 33160		STREET ADDRESS	
		CITY ST-ZIP	
		NAME	☐ Change ☐ Addition
		STREET ADDRESS	
		CITY ST-ZIP	
		NAME	☐ Change ☐ Addition
		STREET ADDRESS	
		CITY ST-ZIP	
		NAME	☐ Change ☐ Addition
		STREET ADDRESS	
		CITY ST-ZIP	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  DATE 4/26/00 305-573-6040