

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

FILED
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90035 017 ***150.00

DOCUMENT # **P99000068674**

1. Entity Name

BPO-TECHNOLOGY USA, INC.

DO NOT WRITE IN THIS SPACE

421634

2. Principal Place of Business

6175 NW 167 ST

3. Mailing Address

6175 N.W 167 ST

Suite, Apt. #, etc.

G-8

Suite, Apt. #, etc.

G-8

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33015

Country

USA

Zip

33015

Country

USA

4. FEI Number

05-0938375

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

ANTONIO BUENO

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

6175 N.W 167 ST # G-8

City

MIAMI

FL

Zip Code

33015

**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.

SIGNATURE

(Signature)

(NOTE: Registered Agent signature required when reinstating)

DATE

02/18/02

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.
(See criteria on back)

☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**P.
ANTONIO BUENO
6175 NW 167 ST MIAMI, FL 33015
G-8.**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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STREET ADDRESS

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NAME

STREET ADDRESS

CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/18/02

Date

305.5123522

Daytime Phone #

CR2E034B (12/01)