

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000083672

1. Entity Name  
**CONVEX USA, INC.**

**FILED**  
**Jan 29, 2001 8:00 am**  
**Secretary of State**

01-29-2001 90014 020 \*\*\*150.00

Principal Place of Business

6955 NW 52 ST., SUITE 202  
MIAMI FL 33166

Mailing Address

6955 NW 52 ST., SUITE 202  
MIAMI FL 33166

00009131



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

10640 NW 27th Street

3. Mailing Address

10640 NW 27th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

A 101

A 101

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33172

Country

USA

Zip

33172

Country

USA

4. FEI Number 65-0949940

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ROTH, LEONARDO  
9350 SOUTH DIXIE HWY. PH 2  
MIAMI FL 33156

7. Name and Address of New Registered Agent

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)

MARIO QUINTA

JAN/16/01

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

TITLE DPT  
NAME QUINTA, MARIO ☐ Delete  
STREET ADDRESS 6955 NW 52 ST., SUITE 202  
CITY-ST-ZIP MIAMI FL 33166

TITLE DVS  
NAME LALAIAN, PAULO ☐ Delete  
STREET ADDRESS 6955 NW 52 ST., SUITE 202  
CITY-ST-ZIP MIAMI FL 33166

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DPT ☒ Change ☐ Addition  
NAME QUINTA, MARIO  
STREET ADDRESS 10640 NW 27th Street, A101  
CITY-ST-ZIP Miami FL 33172

TITLE DVS ☒ Change ☐ Addition  
NAME LALAINA, PAULO  
STREET ADDRESS 10640 NW 27th Street, A101  
CITY-ST-ZIP Miami FL 33172

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARIO QUINTA

JAN/16/01

Date

Daytime Phone #

(305) 418-4060

CR2E034 (10/00)