2001 UNIFORM BUSINESS REPORT (UBR)

FILED May 02, 2001 8:00 am Secretary of State DOCUMENT # **P99000084615** 1. Entity Name CONSTAT USA INC. 05-02-2001 90095 005 ***150.00 Mailing Address Principal Place of Business 169 EAST FLAGLER STREET 169 EAST FLAGLER STREET **SUITE 1515 SUITE 1515** MIAMI FL 33131 MIAMI FL 33131 2. Principal Place of Business 3. Mailing Address 1699 CORAL WAY 9 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 512 Applied For City & State 4. FEI Number City & State 65-0950140 MIAMI, FLORIDA ?: Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 33145 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ARANCIBIA, MARCELO F Street Address (P.O. Box Number is Not Acceptable) **169 EAST FLAGLER STREET SUITE 1515 MIAMI FL 33131** Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition VTSD ☐ Delete TITLE TITLE NAME ARNACIBIA, MARCELO F STREET ADDRESS STREET ADDRESS **169 EAST FLAGLER STREET** CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33131** Change ☐ Delete TITLE Addition TITLE NAUMIEZ, SUELY NAME STREET ADDRESS STREET ADDRESS 715 SE 3RD CT. CITY-ST-ZIP CITY-ST-ZIP **DANIA FL 33004** ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Addition TITLE ☐ Change TITLE NAME STREET ADDRESS STREET ADDRESS

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 employee to execute this leport as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an anathrop is with an against supplemental report is true and accurate and that my name appears in Block 11 or Block 12 if changed, or on an anathrop is with an against 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 employee the corporation of the receiver of the corporation of the receiver or trustee employee the corporation of the corporation of the corporation of the receiver or trustee employee the corporation of th

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

ARANCIBIA, **≠**RESIDENT SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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3/29/01

379-8600

Daytime Phone #