

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State
 05-02-2002 90088 015 ***150.00

DOCUMENT # P990000098491

1. Entity Name
PEGAUSUS USA INC.

Principal Place of Business
4805 NW 79TH AVENUE
SUITE 7
MIAMI FL 33166

Mailing Address
4805 NW 79TH AVENUE
SUITE 7
MIAMI FL 33166

2. Principal Place of Business
7543 NW 70 st
 Suite, Apt. #, etc.

3. Mailing Address
7543 NW 70 st
 Suite, Apt. #, etc.

City & State
Miami, FLORIDA
 Zip
33166
 Country
USA

City & State
Miami, FLORIDA
 Zip
33166
 Country
USA

4. FEI Number
65-0961272

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

PAEZ, HECTOR E.
1200 WEST AVENUE
H518
MIAMI FL 33139

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)

04/5/02
 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, 2002 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 | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
|-------|----------------|-------------------------|----------------------|---------------------------------|
| PSTD | PAEZ, HECTOR E | 1200 WEST AVE. #518 | MIAMI BEACH FL 33139 | <input type="checkbox"/> |
| PSTD | PAEZ, HECTOR | 1200 WEST AVENUE, # 518 | MIAMI BEACH FL 33139 | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|----------------|-------------|---------------------------------|-----------------------------------|
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/5/02
 Date

(305) 805-1537
 Daytime Phone #

CR2E034 (9/01)