## 200% FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## V37812 **DOCUMENT #**

1. Entity Name

MAPA OVERSEAS, U.S.A., INC.



**FILED** May 01, 2003 8:00 am Secretary of State
05-01-2003 90390 011 \*\*\*150.00

Zip Country Zip Country S. Certificate of Status Desired S. 8.75 Additional Pice Required  6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent  PONS, MARTIN E  9370 SUNSET DR A100  MIAMI FL 33177  City FL Zip Code  6. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. Lam familiar with, and as the actional or registered agent.  SIGNATURE  FILE NOW!! FEL S 150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10.	9370 SUNSET MIAMI FL 331 US	-	9370 SUNSE MIAMI FL 33 US	T DR A100						
City & State  Country  Country  S. Certificate of Status Desired  Some Application of Pour Required  FONS, MARTIN E.  Size Address (P.O. Box Number is Not Acceptable)  Date	2. Principal Place of Business		3. Mailing Ad	3. Mailing Address				<u> </u>		
Zip Country Zip Country 5. Certificate of Status Defined	Suite, Apt.	#, etc.	Suite, Apt.	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
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12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 110.07/3\(\text{i}\). Florida Statutes, I further certify that the information		portify that the !={====:	outpution divite this filler and a second			Continue 44	0.07(0)(0.5(c-12-0)-1-1		f., shoot shoot	

indicated on this report or supplied with this limit does not qualify for the exemption stated in Section 119.07(3)(). 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 10 or Block 11 if changed, or or example attachment with an address, with all other like empowered.

SIGNATURE:

Methaturanos Poso D SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR