2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

FILED May 01, 2001 8:00 am Secretary of State **DOCUMENT # V46434** 1. Entity Name INEV-USA, INC. 05-01-2001 90012 026 ***150.00 Mailing Address Principal Place of Business 175 TONEY PENNA DRIVE 175 TONEY PENNA DRIVE SUITE 207 SUITE 207 UILLU JUPITER FL 33458 JUPITER FL 33458 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0344685 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent العبيدية الممادين والتيادي ----KULATZ, CONRAD S. & ASSOCIATES, P.A. Street Address (P.O. Box Number is Not Acceptable) 633 SOUTHEAST THIRD AVENUE SUITE 4R FORT LAUDERDALE FL 33301 Zip Code City 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. DATE (NOTE: Registered Agent signature required when reinstating) 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 ☐ Delete TITLE TITLE **NEVSIMAL, INGEBORG** NAME NAME STREET ADDRESS 175 TONEY PENNA DR., SUITE 207 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JUPITER FL 33458 Change Addition TITLE ☐ Delete TITLE NAME NAME SIEGL, PETRA NEVSIMAL STREET ADDRESS STREET ADDRESS 175 TONEY PENNA DR., SUITE 207 CITY-ST-ZIP CITY-ST-ZIP JUPITER FL 33458 ☐ Addition Change SD ☐ Delete TITLE TITLE NEVSIMAL, GUSTAV NAME* NAME STREET ADDRESS STREET ADDRESS 175 TONEY PENNA DR., SUITE 207 CITY-ST-ZIP CITY-ST-ZIP JUPITER FL 33458 Addition Change Delete TITI E TITLE NEVSIMAL, NADJA NAME NAME STREET ADDRESS STREET ADDRESS 175 TONEY PENNA DR., SUITE 207 CITY-ST-ZIP CITY-ST-ZIP jupiter fl ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.