

2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F15000000961

Entity Name: UNITRANSFER U.S.A., INC.

Current Principal Place of Business:

901 SOUTH STATE ROAD 7, SUITE 215
HOLLYWOOD, FL 33023

Current Mailing Address:

901 SOUTH STATE ROAD 7, SUITE 215
HOLLYWOOD, FL 33023

FEI Number: 65-0827358

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PBYA CORPORATE SERVICES, LLC
200 S ANDREWS AVE., SUITE 600
FORT LAUDERDALE, FL 33301 US

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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DP
Name CASTERA, ADRIEN JEAN-MARIE
Address C/O PBYA
283 CATALONIA AVENUE SUITE 200
City-State-Zip: CORAL GABLES FL 33134

Title S
Name EXUME, CLAUDE
Address C/O PBYA
283 CATALONIA AVENUE SUITE 200
City-State-Zip: CORAL GABLES FL 33134

Title T
Name KERNISANT, FRANTZ
Address C/O PBYA
283 CATALONIA AVENUE SUITE 200
City-State-Zip: CORAL GABLES FL 33134

Title VP
Name CHARLIER, ALIX
Address C/O PBYA
283 CATALONIA AVE SUITE 200
City-State-Zip: CORAL GABLES FL 33134

Title D
Name BAUSSAN , EDOUARD
Address C/O PBYA
283 CATALONIA AVE SUITE 200
City-State-Zip: CORAL GABLES FL 33134

Title D
Name BRAUN, F. CARL
Address C/O PBYA
283 CATALONIA AVE SUITE 200
City-State-Zip: CORAL GABLES FL 33134

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ALIX CHARLIER

VP

04/28/2017

Electronic Signature of Signing Officer/Director Detail

Date