



State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

**Annual Report for the year: 2017 - AMENDED Corporation**

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

RECEIVED  
 R.I. DEPT. OF STATE  
 BUS SVCS DIV  
 2017 JUL 11 AM 10:29

1. Entity ID Number <b>0001665889</b>		2. Exact name of the Corporation <b>UNITRANSFER U.S.A., INC.</b>			
3. Principal Office Address <b>3601 SW 160th Avenue, Suite 110</b>			City <b>Miramar</b>	State <b>FL</b>	Zip <b>33027</b>
4. NAICS Code <b>52 - Finance and Insurance</b>		6. Brief description of the character of business conducted in Rhode Island <b>Money Services Business</b>			
5. State of Incorporation <b>Delaware</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input checked="" type="checkbox"/></span>					
President Name			Vice-President Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input checked="" type="checkbox"/></span>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES		PAR VALUE
			<b>100</b>		<b>\$1.00</b>
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee. <b>Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.</b>					
Name of Authorized Representative  <b>Alix Charlier</b>				Date <b>7/10/17</b>	
Signature of Authorized Representative  					

MAIL TO  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov

**FILED**

**JUL 11 2017**

BY CU 10:29

**2017 – AMENDED ANNUAL REPORT**  
**—ATTACHMENT—**

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**UNITRANSFER U.S.A, INC.**

**OFFICERS:**

<u>NAME</u>	<u>TITLE</u>	<u>BUSINESS ADDRESS</u>
Adrien Jean-Marie Castera	President & CEO	3601 SW 160th Avenue, Suite 110 Miramar FL 33027
Alix Charlier	Vice President, COO & CCO	3601 SW 160th Avenue, Suite 110 Miramar FL 33027
Frantz Kernisant	Treasurer, Secretary & CFO	3601 SW 160th Avenue, Suite 110 Miramar FL 33027

**DIRECTORS:**

<u>NAME</u>	<u>BUSINESS ADDRESS</u>
Adrien Jean-Marie Castera	3601 SW 160th Avenue, Suite 110 Miramar FL 33027
F. Carl Braun	3601 SW 160th Avenue, Suite 110 Miramar FL 33027
Frantz Kernisant	3601 SW 160th Avenue, Suite 110 Miramar FL 33027
Edouard Baussan	3601 SW 160th Avenue, Suite 110 Miramar FL 33027
Alix Charlier	3601 SW 160th Avenue, Suite 110 Miramar FL 33027



State of Rhode Island and Providence Plantations  
**Department of State | Office of the Secretary of State**  
**Nellie M. Gorbea**, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island  
and Providence Plantations, hereby certify that this document, duly executed in  
accordance with the provisions of Title 7 of the General Laws of Rhode Island, as  
amended, has been filed in this office on this day:

July 11, 2017 10:29 AM

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive.

Nellie M. Gorbea  
*Secretary of State*

