

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 27, 2003 8:00 am**  
**Secretary of State**

01-27-2003 90207 014 \*\*\*150.00

**DOCUMENT # P97000041098**

1. Entity Name  
**NET 1 UEPS TECHNOLOGIES, INC.**



Principal Place of Business  
**C/O ATLAS PEARLMAN TROP & BORKSON PA**  
**200 EAST LAS OLAS BLVD SUITE 1300**  
**FORT LAUDERDALE FL 33301**

Mailing Address  
**C/O ATLAS PEARLMAN TROP & BORKSON PA**  
**200 EAST LAS OLAS BLVD SUITE 1300**  
**FORT LAUDERDALE FL 33301**



2. Principal Place of Business  
**C/O ADORNO & YOSS, P.A.**

Suite, Apt. #, etc.  
**350 E. Las Olas Blvd., #1700**

City & State  
**Ft. Lauderdale, FL**

Zip  
**33301**

Country  
**US**

3. Mailing Address  
**C/O ADORNO & YOSS, P.A.**

Suite, Apt. #, etc.  
**350 E. Las Olas Blvd., #1700**

City & State  
**Ft. Lauderdale, FL**

Zip  
**33301**

Country  
**US**

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number  
**NOT APPLICABLE**

Applied For  
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SCHNEIDER, JAMES M ESQ**  
**C/O ATLAS PEARLMAN, P.A.**  
**350 EAST LAS OLAS BLVD., SUITE #1700**  
**FORT LAUDERDALE FL 33301**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MD**  
**GUERARD, CLAUDE**  
**20 AVENUE POZZO DI BORGIO**  
**SAINT CLOUD FR 92210**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**CD**  
**BELAMANT, SERGE**  
**4TH FLOOR NORTH WING, PRESIDENT PLACE**  
**ROSEBANK, JOHANNESBURG SA**

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TS**  
**ANTHONY, DAVID**  
**744 WEST HASTINGS ST., STE 325**  
**VANCOUVER, BC CA V6C1A5**

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**C. GUERARD**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/21/2003 (33)607502928**

Date

Daytime Phone #

CR2E034 (10/02)