2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L0000000495

1. Entity Name

USA LIFT LLC



FILED
Jan 22, 2003 8:00 am
Secretary of State
01-22-2003 90106 035 ****50.00

MANN FL 33162 MANN GLADERS						WE WE !						
Suite Apt 4, 400 Suite Apt 4, 400 Suite Apt 4, 400 Country Zip Country Zip Country Zip Country S. Certificate of Status Desired Applied For MAN Applied For Man Applied For Suite Apt 4, 400 Country Zip Country Zip Country S. Certificate of Status Desired Recipitation Fee Regulated Fee Regulated Recipitation Fee Regulated Applied Fee Regulated Recipitation Applied Fee Regulat	Principal Plac	ce of Busines	SS	Mailing Address								
Suite, Apt. 4, etc. GHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 65-0974346 Applied For Not Application Zip Country Zip Country S. Certificate of Status Declared S5.00 Additional Fee Regulated Fee Regulated Fee	17830 NE 5TH AVE MIAMI FL 33162			17830 NE 5TH AVE								
City & State Country Country Country Country City & State Country City & State Country City & State City	2. Principal f	Place of Busi	ness	3. Mailing Address								
Applied For Name and Address of Current Registered Agent S. Certificate of Status Decided See Required	Suite, Apt	. #, etc.		Suite, Apt. #, etc.			_	_				
Zip Country Zip Country 5. Certificate of Status Desired Sp.00 Additional Part Regulated Agent 7. Name and Address of New Regulatered Agent 7. Name and Addr												
BEALE, ARTHUR 17830 NE STH AVE MIAMI FL 33162 8. The above named entity submits this statement for the purpose of changing its registered algent, or both, in the State of Florida. I am familiar with, and accept the colliptions of registered agent. SIGNATURE Signature hood or shadoward or ing steric agent and tith it applicants Page 100 EN Make Check Payable to Florida Department of State Due by May 1, 2003 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES SIGEL ARTHUR SHEEL RATHUR SHIEL RATHUR SHEEL RATHUR SHEEL RATHUR SHEEL RATHUR SHEEL RATHUR SHIEL RADHESS SIGHLA RADH	City & State			City & State		*	4. FEI Numb	er 65-0974346			•	
SEALE, ARTHUR 17830 NE STH AVE MIAMI FL 33162 City FL	Zip		Country	. Zip	Cour	ntry	5. Certificate	e of Status Desired				
BEALE, ARTHUR 17830 NE SETH AVE MAM! FL 33162 City FL City FL Zip Code City	-	6. Name	and Address of Curren	t Registered Agent		-4	7. Name and	Address of New Regi	stered Ag	ent		
Street Address (P.O. 8ox Number is Not Acceptable) City FL Zip Code City FL Zip Code 1. 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 dolipations of registered agent. SIGNATURE Signature City FL Zip Code	DEA	LE ADTULE	n			Name			•		•	
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 sm familiar with, and accept the obligations of registered agent. SIGNATURE Signature Sign	1783	30 NE 5TH	AVE		Street Addres			er is Not Acceptable)	··· • • • · · · · · · ·		····	
Delete ITILE NAME SIREET ADDRESS ORT'-ST-2P THE NAME SIRET ADDRESS OR	MIAI	WI FL 33162	2									
SIGNATURE Signature type or primed nome of registered agent and little 1 applicable (NOTE Registered Agent alignature required when reinstance) DATE						City			FL	Zip Cod	le	
SIGNATURE Signature type or primed nome of registered agent and little 1 applicable (NOTE Registered Agent alignature required when reinstance) DATE	8. The above	named entit	y submits this statement f	or the purpose of changing it	s registere	ed office or regis	stered agent, or bo	th, in the State of Florida	ı. I am fan	niliar with,	and accept	
Change Change Change Change Change Addition	the obligat	tions of regist	tered agent.									
### PILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003 MANAGING MEMBERS MANAGERS 10. ADDITIONS/CHANGES	SIGNATURE											
9. MANAGING MEMBERS MANAGERS 10. ADDITIONS/CHANGES TILLE MORPM BEALE, ARTHUR SA40 CULINS AVE., #6-B CITY-ST-ZIP TITLE NAME SINEET ADDRESS CITY-ST-ZIP TITLE NAME SINEET ADD		Signature, typed	or printed name of registered agen	t and title if applicable. (NO	TE: Registere	d Agent signature requ	uired when reinstating)		DATE			
P. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE MGRM BEALE, ARTHUR 5640 COLLINS AVE., #6-B GITY-ST-2P MIMM BEACH FL 33140 TITLE NAME SIREET ADDRESS CITY-ST-2P TITLE NAME SIRET ADDRESS CITY-ST-2P							-					
9. MANAGING MEMBERS / MANAGERS 10. ADDITIONS / CHANGES Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE MAME						-	nent of State					
MGRM BEALE, ARTHUR S640 COLLINS AVE., \$6-B MIAMI BEACH FL 33140 CITY-ST-ZIP TITLE NAME SIRET ADDRESS CITY-S) Di	ie By Ma	ay 1, 2003						
BEALE, ARTHUR 5640 COLLINS AVE., ≱6-B MIAMI BEACH FL 33140 TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME SIRET ADDRESS CITY-ST-ZIP TITLE NA	9.		MANAGING MEMB	ERS/MANAGERS	10.			ADDITIONS/CH	ANGES			
STREET ADDRESS CITY-ST-ZIP MIAMI BEACH FL 33140 Delete NAME STREET ADDRESS CITY-ST-ZIP TITLE	TITLE			☐ Delete	TITLE	E] Change	Addition	
CITY-ST-ZIP MIAMI BEACH FL 33140 Delete						_						
TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-S												
NAME STREET ADDRESS CITY-ST-ZIP Delete ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME NAME NAM		MIAMI BE	ACH FL 33140						-			
STREET ADDRESS CITY-ST-ZIP TITLE Delete				∟ Delete					L	_ Change	Addition	
CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET						_						
NAME STREET ADDRESS CITY- ST-ZIP TITLE NAME STREET ADDRESS CITY ST-ZIP TITLE NAME STREET ADDRESS CI	CITY-ST-ZIP	 										
NAME STREET ADDRESS CITY- ST-ZIP TITLE NAME STREET ADDRESS CITY ST-ZIP TITLE NAME STREET ADDRESS CI	TITLE			☐ Delete	TITLE	:	· -			7 Change	☐ Addition	
CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET	NAME								_	_ onungo		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE Delete TITLE Delete TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE TITLE Delete TITLE Delete TITLE TITLE Delete TITLE Delete TITLE Delete TITLE TITLE Delete TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE T	STREET ADDRESS				STRE	ET ADDRESS						
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRES	CITY-ST-ZIP				CITY	-ST-ZIP	<u></u>					
STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE Delete TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-	TITLE			☐ Delete	TITLE				Ç	Change	☐ Addition	
CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE Delete TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-Z	NAME				NAMI	E						
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET				•		1						
NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME					_							
STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Thereby 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 is true and accurate and that my signature shall have the same legal effect as if made under only; that Lam a measuring member or manager of the	TITLE			☐ Delete] Change] Addition	
CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE TITLE STREET ADDRESS CITY-ST-ZIP TITLE TITLE STREET ADDRESS		,										
TITLE NAME STREET ADDRESS CITY-ST-ZIP 11. 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 is true and accurate and that my signature shall have the same legal effect as if made under onth; that Lam a measuring member or manager of the	CITY-ST-ZIP	ı										
NAME STREET ADDRESS CITY-ST-ZIP 11. 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 is true and accurate and that my signature shall have the same legal effect as if made under only; that I am a managing member or manager of the	TITLE			☐ Dalata	_						□ Addition	
STREET ADDRESS CITY-ST-ZIP 11. 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 is true and accurate and that my signature shall have the same legal effect as if made under out; that Lam a managing member or manager of the	NAME			□ Delete					_	, ondige		
11. 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 is true and accurate and that my signature shall have the same legal affect as if made under out; that Lam a managing member or manager of the	STREET ADDRESS											
INDICATED ON this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the	CITY-ST-ZIP				CITY-	-ST-ZIP						
INDICATED ON this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the	11. hereby c	ertify that the	information supplied with	n this filing does not qualify fo	r the exer	mption stated in	Section 119.07(3)(i), Florida Statutes. I furt	her certify	that the ir	nformation	
	indicated	on this repor	t is true and accurate and	l that my signature shall have	the same	i lenal effect as i	if made under eeth	that I am a managing	member ó	r manage	r of the	