

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L00000012124**

1. Entity Name  
**USA PROPERTIES, LLC**

**FILED**

01 JAN 17 PM 2:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
7491-C5 N. FEDERAL HIGHWAY, BOX 255  
BOCA RATON FL 33487

Mailing Address  
7491-C5 N. FEDERAL HIGHWAY, BOX 255  
BOCA RATON FL 33487

2. Principal Place of Business  
**7491 N. FEDERAL HWY.,**  
Suite, Apt. # etc.  
**C5#255**

3. Mailing Address  
**7491 N. FEDERAL HWY.,**  
Suite, Apt. #, etc.  
**C5#255**

DO NOT WRITE IN THIS SPACE

City & State  
**BOCA RATON, FL.**

City & State  
**BOCA RATON, FL.**

Zip  
**33487**

Country  
**USA**

Zip  
**33487**

Country  
**USA**

4. FEI Number **22-3756024** Applied For  
Not Applicable

5. Certificate of Status Desired  \$5.00 Additional Fee Required

**6. Name and Address of Current Registered Agent**

**HAMBY, LOUIS L III**  
**321 ROYAL POINCIANA PLAZA SOUTH**  
**C/O ALLEY, MAASS, ROGERS & LINDSAY**  
**PALM BEACH FL 33480**

**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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

**9. MANAGING MEMBERS/MEMBERS**

**10. ADDITIONS/CHANGES**

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**300003575003--0**  
**-01/25/01--01080--024**  
**\*\*\*\*\*50.00 \*\*\*\*\*50.00**

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 oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Ronald Oleck **RONALD OLECK, PRES.** 1/13/01 5616208513  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)