

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 14, 2002 8:00 am**  
**Secretary of State**

01-14-2002 90027 001 \*\*\*\*50.00

0017456

**DOCUMENT # L00000012124**

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

|  |  |
|--|--|
| Principal Place of Business<br>7491 N. FESDERAL HWY<br>C5#255<br>BOCA RATON FL 33487 | Mailing Address<br>7491 N. FESDERAL HWY<br>C5#255<br>BOCA RATON FL 33487 |
|--|--|

|   |   |
|---|---|
| 2. Principal Place of Business<br>Suite, Apt. #, etc. | 3. Mailing Address<br>Suite, Apt. #, etc. |
|---|---|



DO NOT WRITE IN THIS SPACE

|              |              |                                 |   |
|--------------|--------------|---------------------------------|---|
| City & State | City & State | 4. FEI Number <b>22-3756024</b> | Applied For<br><input checked="" type="checkbox"/> Not Applicable |
| Zip          | Country      | Zip                             | Country   |

|   |  |  |  |
|---|--|--|--|
| 6. Name and Address of Current Registered Agent<br><b>HAMBY, LOUIS L III<br/>321 ROYAL POINCIANA PLAZA SOUTH<br/>C/O ALLEY, MAASS, ROGERS &amp; LINDSAY<br/>PALM BEACH FL 33480</b> |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

| 9. MANAGING MEMBERS/MANAGERS                   |   | 10. ADDITIONS/CHANGES                          |   |
|--|---|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>P</b><br><b>OLECK, RONALD</b><br><b>428 PLAZA REAL #337</b><br><b>BOCA RATON FL 33432</b>            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VP</b><br><b>OLECK, THEODORE</b><br><b>3407 S. OCEAN BLVD. #6B</b><br><b>HIGHLAND BEACH FL 33487</b> | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>ST</b><br><b>OLECK, LAWRENCE</b><br><b>3407 S. OCEAN BLVD. #5B</b><br><b>HIGHLAND BEACH FL 33487</b> | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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, President 1/4/02 561-6208513

CR2E083 (9/01)