


2004 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


0241284 AV

DOCUMENT # **PO1000016808**

1. Entity Name
U.S. INVEST. INC.



FILED
04 MAY -5 PM 2:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
**1674 ALTON ROAD
500
MIAMI BEACH FL 33139-2020**

Mailing Address
**1674 ALTON ROAD
500
MIAMI BEACH FL 33139-2020**

2. Principal Place of Business
**169 East Flagler St
Suite, Apt. #, etc.
17th Floor
City & State
Miami, FL
Zip
33131
Country
USA**

3. Mailing Address
**169 East Flagler St
Suite, Apt. #, etc.
17th Floor
City & State
Miami, FL
Zip
33131
Country
USA**

CHECK HERE IF MAKING CHANGES

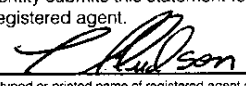
4. FEI Number **753111909** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**HUDSON, PHILLIP
80 SW 8TH STREET, SUITE 3100
MIAMI FL 33130**

7. Name and Address of New Registered Agent
Name **Hudson, Phillip Esq.**
Street Address (P.O. Box Number is Not Acceptable)
201 S Biscayne Blvd, Suite 400
City **Miami** FL Zip Code **33131**

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  DATE **4/26/04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	P <input type="checkbox"/> Delete DEPIRO, JOSEPH 1674 ALTON ROAD STE 500 MIAMI BCH FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete Abraham, Patrick 1674 Alton Rd, Ste 500 Miami Beach, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete Holtz, Abel 169 East Flagler St, Ste 1627 Miami, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600036278036 05/13/04--01080--019 **150.00
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
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

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:  DATE **4-26-04** DAYTIME PHONE # **786-247-3303**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)