

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


**FILED**  
Feb 20, 2003 8:00 am  
Secretary of State

1/1

01-17-2003 90099 005 \*\*\*150.00

**DOCUMENT #** P02000066679

**1. Entity Name**  
USA COUPLING, INC.



**Principal Place of Business**  
8420 NW 58 STREET  
MIAMI FL 33166

**Mailing Address**  
8420 NW 58 STREET  
MIAMI FL 33166



**2. Principal Place of Business**  
6447 MIAMI LAKES DR #210-D

**3. Mailing Address**  
DL #210-D

**Suite, Apt. #, etc.**  
SUITE 210-D

**Suite, Apt. #, etc.**  
6447 MIAMI LAKES DR #210-D

**City & State**  
MIAMI LAKES

**City & State**  
NONE

**Zip** 33014 **Country** U.S.

**Zip** 33014 **Country** U.S.

CHECK HERE IF MAKING CHANGES

**4. FEI Number**  
Applied FOR

**Applied For**  
Not Applicable

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

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

THOMPSON, DISNEY D  
169 EAST FLAGLER STREET SUITE 1527  
MIAMI FL 33131

**7. Name and Address of New Registered Agent**

Name: TITO PENNA  
Street Address (P.O. Box Number is Not Acceptable):  
6447 MIAMI LAKES DR #210-D  
6447 MIAMI LAKES DR #210-D  
City: MIAMI LAKES FL Zip Code: 33014

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: TITO PENNA *[Signature]* DATE: 1/14/03

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	<input type="checkbox"/> Delete
D	PENNA, TITO ARMANDO	8420 NW 58 STREET	MIAMI FL 33166	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

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:** *[Signature]* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 1/14/03 Daytime Phone #: 305 117 1107

CR2E034 (10/02)