

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris,  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 22, 1999 8:00 am  
Secretary of State

04-22-1999 90130 001 \*\*\*150.00

DOCUMENT # P94000004413

1. Corporation Name  
U.S. GROUNDS, INC.

Principal Place of Business  
17231 NW MIAMI CT.  
NORTH MIAMI BEACH FL 33169

Mailing Address  
P.O. BOX 64111  
MIAMI FL 33164

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/10/1994

4. FEI Number

65-0457337

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

26 P.O. Box 641113

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

28 MIAMI, FL

Zip

Country

25

Zip

Country

29

33164

30

USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BAKAR, ISAAC  
250 187 ST  
MIAMI FL 33160

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

*Isaac Bakar* ISAAC BAKAR

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/18/99  
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

ADDRESS	DPS	<input type="checkbox"/> DELETE
ST-ZIP	BAKAR, ISAAC	
	17231 NW MIAMI CT.	
	NORTH MIAMI BEACH FL 33169	
ADDRESS	T	<input checked="" type="checkbox"/> DELETE
ST-ZIP	ROSENWASSER, CIONA BAKAR	
	17231 NW MIAMI COURT	
	NORTH MIAMI BEACH FL	
ADDRESS	VP	<input checked="" type="checkbox"/> DELETE
ST-ZIP	ROSENWASSER, ROBERT VICTOR	
	17231 NW MIAI COURT	
	NORTH MIAMI BEACH FL	
ADDRESS		<input type="checkbox"/> DELETE
ST-ZIP		
ADDRESS		<input type="checkbox"/> DELETE
ST-ZIP		
ADDRESS		<input type="checkbox"/> DELETE
ST-ZIP		

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	T
2.3 STREET ADDRESS	ISAAC BAKAR
2.4 CITY-ST-ZIP	17231 NW MIAMI CT
	NMB FL 33169
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	VP
3.3 STREET ADDRESS	ISAAC BAKAR
3.4 CITY-ST-ZIP	17231 NW MIAMI CT
	NMB FL 33169
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Isaac Bakar* ISAAC BAKAR  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/99 305-622-6699  
Date Daytime Phone #

CR2E034 (11/98)