

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2000 8:00 am**  
**Secretary of State**

04-28-2000 90043 036 \*\*\*150.00

**DOCUMENT # P95000072848**

1. Entity Name  
**USA SUN CARE, INC.**

Principal Place of Business  
**4401 PONCE DE LEON BLVD.  
 CORAL GABLES FL 33146**

Mailing Address  
**4401 PONCE DE LEON BLVD.  
 CORAL GABLES FL 33146-1830**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip

4. FEI Number **65-075 1070** Applied For  Not Applicable

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

6. Name and Address of Current Registered Agent  
**TERPENING, ROBERT J  
 4401 PONCE DE LEON BLVD.  
 CORAL GABLES FL 33146**

7. Name and Address of New Registered Agent  
 Name **JAVIER DALMAU**  
 Street Address (P.O. Box Number is Not Acceptable)  
**4401 PONCE DE LEON BLVD**  
 City **CORAL GABLES** FL Zip Code **33146**

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 **JAVIER DALMAU - V** DATE **4-18-00**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	<b>PDC</b>	<input type="checkbox"/> Delete
NAME	<b>DALMAU, JORDI</b>	
STREET ADDRESS	<b>4401 PONCE DE LEON BLVD.</b>	
CITY-ST-ZIP	<b>CORAL GABLES FL 33146</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>DALMAU, AURORA G</b>	
STREET ADDRESS	<b>4401 PONCE DE LEON BLVD.</b>	
CITY-ST-ZIP	<b>CORAL GABLES FL 33146</b>	
TITLE	<b>VT</b>	<input type="checkbox"/> Delete
NAME	<b>DALMAU, JORGE A</b>	
STREET ADDRESS	<b>4401 PONCE DE LEON BLVD.</b>	
CITY-ST-ZIP	<b>CORAL GABLES FL 33146</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>DALMAU, JAVIER</b>	
STREET ADDRESS	<b>4401 PONCE DE LEON BLVD.</b>	
CITY-ST-ZIP	<b>CORAL GABLES FL 33146</b>	
TITLE	<b>VS</b>	<input type="checkbox"/> Delete
NAME	<b>TERPENING, ROBERT J</b>	
STREET ADDRESS	<b>4401 PONCE DE LEON BLVD.</b>	
CITY-ST-ZIP	<b>CORAL GABLES FL 33146</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>V LAURA DALMAU</b>	
STREET ADDRESS	<b>4401 PONCE DE LEON BLVD</b>	
CITY-ST-ZIP	<b>CORAL GABLES FL 33146</b>	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: DATE: **4/19/00** Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)