

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90043 015 ***150.00

DOCUMENT # V69638

1. Entity Name

PROPERTIES U.S.A., INC.

Principal Place of Business

**1826 PONCE DE LEON BLVD
 CORAL GABLES FL 33134
 US**

Mailing Address

~~1826 PONCE DE LEON
 CORAL GABLES FL 33134 4410
 US~~

2. Principal Place of Business

3. Mailing Address

5820 SW 38 ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

MIAMI

City & State

City & State
FLORIDA

4. FEI Number

65-0362369

Applied For

Not Applicable

Zip
33134

Country

Zip
33155

Country

US

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JARDINES, ANA C.
 1826 PONCE DE LEON BLVD
 CORAL GABLES FL 33134**

Name

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

5820 SW 38 ST.

MIAMI, FL.

City

FL

Zip Code

33155

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
 NAME **PD JARDINES, ANA C.**
 STREET ADDRESS **1826 PONCE DE LEON BLVD**
 CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE Change Addition
 NAME
 STREET ADDRESS **5820 SW 38 ST.**
 CITY-ST-ZIP **MIAMI, FL. 33134**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Ana C. Jardines

3/8/2000 (305) 661-0305