

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P94000004413**

1. Entity Name

U.S. GROUNDS, INC.

**FILED**  
**Apr 24, 2000 08:00 AM**  
**Secretary of State**

Principal Place of Business

17231 NW MIAMI CT.

NORTH MIAMI BEACH  
33169

FL

Mailing Address

PO BOX 641113

MIAMI  
33164

FL

2. Principal Place of Business  
PO BOX 641113

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
MIAMI

FL

City &amp; State

4. FEI Number

**65-0457337**

Applied For

Not Applicable

Zip  
33164

Country

Zip

Country

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required**6. Name and Address of Current Registered Agent****BAKAR ISAAC**  
**250 187 ST****MIAMI**  
**33160** **US**

FL

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

Name

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

City

**FL**

Zip Code

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)

**04/24/2000**

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**TITLE **VP** ☒ Delete  
NAME **BAKER ISAAC**  
STREET ADDRESS **17231 NW MIAI COURT**  
CITY-ST-ZIP **NORTH MIAMI BEACH FL 33169**TITLE **T** ☒ Delete  
NAME **BAKER ISAAC**  
STREET ADDRESS **17231 NW MIAMI COURT**  
CITY-ST-ZIP **NORTH MIAMI BEACH FL 33169**TITLE **DPS** ☐ Delete  
NAME **BAKAR ISAAC**  
STREET ADDRESS **17231 NW MIAMI CT.**  
CITY-ST-ZIP **NORTH MIAMI BEACH FL 33169**TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **PST** ☒ Change ☐ Addition  
NAME **BAKAR ISAAC**  
STREET ADDRESS **PO BOX 641113**  
CITY-ST-ZIP **MIAMI FL 33164**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ 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

04/24/2000