

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2000 8:00 am
Secretary of State

05-06-2000 90340 001 ***150.00
 05-06-2000 90340 002 *****8.75

DOCUMENT # P98000033517

1. Entity Name

U.S.A. FUND MIAMI CORPORATION

Principal Place of Business

Mailing Address

**2300 CORAL WAY SUITE 111
 MIAMI FL 33145**

**2300 CORAL WAY SUITE 111
 MIAMI FL 33145-3511**

2. Principal Place of Business

1717 N. Bayshore Dr.

3. Mailing Address

1717 N. Bayshore Dr.

Suite, Apt. #, etc.

Suite 208

Suite, Apt. #, etc.

Suite 208

City & State

Miami, FL

City & State

Miami, FL

Zip

33132

Country

USA

Zip

33132

Country

USA

4. FEI Number

65-0929635

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**DADE CORPORATE SERVICES, INC.
 2300 CORAL WAY SUITE 111
 MIAMI FL 33145**

7. Name and Address of New Registered Agent

Name
S&K Property Management, Inc.
 Street Address (P.O. Box Number is Not Acceptable)
1717 N. Bayshore Dr.
Suite 208
 City
Miami **FL** Zip Code
33132

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

Lidia Cartaya, Vice President

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 NAME STREET ADDRESS CITY-ST-ZIP	D ORTEGA, AILEEN 2300 CORAL WAY SUITE 111 MIAMI FL 33145	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CANTERA, AHADA L 2300 CORAL WAY STE 201 MIAMI FL 33145	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Conradi, Axel 1717 N. Bayshore Dr., suite 208 Miami, FL 33132	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Feldman, Steven J. 1717 N. Bayshore Dr., Suite 208 Miami, FL 33132	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS Meyer, Tracy 1717 N. Bayshore Dr., Suite 208 Miami, FL 33132	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 #

Vice President

4/27/00 305-577-3885

CR2E034 (9/99)