

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # F99000003876**

1. Entity Name

**U.S. GROUP CONSOLIDATOR, INC.****FILED****Aug 08, 2000 8:00 am**  
**Secretary of State**

08-08-2000 90089 025 \*\*\*150.00

**A0071897**

DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>1600 GILBRETH ROAD BURLINGAME CA 94010</b>	Mailing Address <b>1600 GILBRETH ROAD BURLINGAME CA 94010</b>
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2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
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City & State	City & State
Zip	Country

4. FEI Number <b>33-0326488</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>GONZALEZ, ALBERT 2550 NW 72ND AVE., SUITE 105 MIAMI FL 33122</b>
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7. Name and Address of New Registered Agent Name <b>JOANN GRAY-HUGHES</b> Street Address (P.O. Box Number is Not Acceptable) <b>2801 N.W. 74TH AVE., SUITE #168A</b> City <b>MIAMI</b> FL Zip Code <b>33122</b>
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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 <b>7/31/00</b> Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE
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9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$550.00</b> <b>After SEPTEMBER 13, 2000 Min. will be \$750.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>PC CHU, BARRY 1600 GILBRETH ROAD BURLINGAME CA 94010</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>VVC CHU, SONIA 1600 GILBRETH ROAD BURLINGAME CA 94010</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>S WU, ANDY 618 GLASGOW AVENUE INGLEWOOD CA 90301</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>T WU, CINDY 618 GLASGOW AVENUE INGLEWOOD CA 90301</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>D TAVOLACCI, JASPER A 4849 N. SCOTT ST., SUITE 12 SCHILLER PARK IL 60176</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>D CASEY, MICHAEL 8100 26TH AVE. SOUTH, SUITE 110 BLOOMINGTON MN 55425</b>	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>D TAVOLACCI, JASPER A. 1000 TOWER LANE, SUITE #355 BENSENVILLE, IL 60106 U.S. A.</b>	
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:	<b>650-697-1898</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date <b>7.19.2000</b> Daytime Phone #

CR2E034 (5/00)



**U.S. GROUP CONSOLIDATOR, INC.**

International Air & Ocean Freight Forwarding

2550 NW 72nd Avenue, Suite 105, Miami, FL 33122

Tel: (305) 629-8280 Fax: (305) 629-8283

E-mail: USGMIA@aol.com WEB SITE: www.usgroupconsol.com



FMC #3474

AUGUST 2, 2000

DEPARTMENT OF STATE  
UNIFORM BUSINESS REPORT  
DIVISION OF CORPORATIONS  
P.O. BOX 1500  
TALLAHASSEE, FL 32302-1500

RE: 2000 UBR

TO WHOM IT MAY CONCERN:

ON JULY 12, 2000, OUR OFFICE HEADQUARTERD IN BURLINGAME, CA RECEIVED A SECOND NOTICE FOR PAYMENT OF UBR. PLEASE NOTE THAT OUR BURLINGAME OFFICE NEVER RECEIVED A FIRST NOTICE. I TELEPHONED THE NUMBER GIVEN UPON RECEIPT OF THE UBR AND I WAS TOLD THERE WAS NO RECORD OF OUR FEI NUMBER IN THE COMPUTER SYSTEM.

I AM ENCLOSING A CHECK IN THE AMOUNT OF \$150.00. I EXPECT THIS WILL SATISFY THE PAYMENT IN FULL AS JULY 12<sup>TH</sup> WAS THE FIRST NOTICE EVER RECEIVED BY U.S. GROUP CONSOLIDATOR, INC.

SHOULD YOU HAVE ANY QUESTIONS PLEASE DO NOT HESITATE TO CONTACT ME AT 305-629-8280, FAX 305-629-8283 OR E-MAIL [usgmia@aol.com](mailto:usgmia@aol.com). ALSO, PLEASE NOTICE OUR CHANGE OF ADDRESS. OUR NEW MIAMI ADDRESS IS 2801 N.W. 74<sup>TH</sup> AVE., SUITE #168A, MIAMI, FL 33122.

SINCERELY,

JOANN GRAY-HUGHES  
U.S. GROUP CONSOLIDATOR, INC.  
MIAMI, FL