

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

0250690

05-16-2001 90052 032 ***150.00

DOCUMENT # K24556
 1. Entity Name
USI CORP.

| | |
|---|---|
| Principal Place of Business 3343 W. COMMERCIAL BLVD., SUITE #103 FT. LAUDERDALE FL 33309 | Mailing Address 3343 W. COMMERCIAL BLVD., SUITE #103 FT. LAUDERDALE FL 33309 |
|---|---|



DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
|---|---|

| | |
|--------------|--------------|
| City & State | City & State |
|--------------|--------------|

| | |
|------------------------------------|--|
| 4. FEI Number 65-0081371 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|--|

| | | | |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|

| | |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|---------------------------------------|

6. Name and Address of Current Registered Agent
**FRANCE, MICHAEL J
 3343 WEST COMMERCIAL BLVD., STE. 103
 FT. LAUDERDALE FL 33309**

7. Name and Address of New Registered Agent

| |
|--|
| Name |
| Street Address (P.O. Box Number is Not Acceptable) |
| City |
| State 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 _____ (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, 2001 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 DCEO | <input checked="" type="checkbox"/> Delete |
| NAME FRANCE, MICHAEL J | |
| STREET ADDRESS 12180 NW 20 CT | |
| CITY-ST-ZIP PLANTATION FL 33323 | |
| TITLE P | <input type="checkbox"/> Delete |
| NAME FRANCE, MICHAEL J | |
| STREET ADDRESS 12180 NW 20 CT | |
| CITY-ST-ZIP PLANTATION FL 33323 | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| 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 P | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME FRANCE, MICHAEL J. | |
| STREET ADDRESS 3343 WEST COMMERCIAL BLVD., STE. 103 | |
| CITY-ST-ZIP FT. LAUDERDALE FL 33309 | |
| 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 | |

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: **4/30/2001** Daytime Phone #: **954/488-5500**

CR2E034 (10/00)