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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000008625

1. Entity Name
H.C.U. FINANCIAL COMPANY (USA), LLC

Principal Place of Business	Mailing Address
950 SOUTH PINE ISLAND ROAD SUITE 1030 AND 1032 PLANTATION, FL 33324	950 SOUTH PINE ISLAND ROAD SUITE 1030 AND 1032 PLANTATION, FL 33324

2. Principal Place of Business		3. Mailing Address	
8181 N.W 36ST		8181 N.W 36ST	
Suite, Apt. #, etc. 17 A.		Suite, Apt. #, etc. 17 A.	
City & State MIAMI FLORIDA		City & State MIAMI FLORIDA.	
Zip 33166	Country U.S.A	Zip 33166	Country U.S.A.

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1097493 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SINGH, SHARAN C
4011 TOLEDO STREET
CORAL GABLES, FL 33146

7. Name and Address of New Registered Agent

Name LOCHANDAS JOE RAMSAHAI
Street Address (P.O. Box Number is Not Acceptable) 8181 N.W. 36 STREET.
SUITE 17 A.
City MIAMI FL Zip Code 33166.

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE L.J. Ramsahai 03-19-03.
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IF FILED NOW WILL BE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HARARINE, HARRY P 484 BRICKELL AVE., STE 400 MIAMI, FL 33131	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	900016076489 04/15/03--01071--002 **50.00	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E083 (10/02)

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

LOCHANDAS JOE RAMSAHAI (OFFICE MANAGER).

SIGNATURE: L.J. Ramsahai 03-19-03.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #