

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 24, 2002 8:00 am**  
**Secretary of State**

02-24-2002 90085 022 \*\*\*158.75

<b>DOCUMENT #</b> 1. Entity Name U.S. Doors L. L. C.	<b>L01000019930</b>
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**DO NOT WRITE IN THIS SPACE**

<b>2. Principal Place of Business</b> 1550 Madruga Avenue Suite, Apt. #, etc. Suite 406 City & State Coral Gables Florida Zip 33146 Country USA	<b>3. Mailing Address</b> 1550 Madruga Avenue Suite, Apt. #, etc. Suite 406 City & State Coral Gables, Florida Zip 33146 Country USA
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DO NOT WRITE IN THIS SPACE

<b>4. FEI Number</b> 65-1153609	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>DO NOT WRITE IN THIS SPACE</b>	<b>7. Name and Address of Current Registered Agent</b>		
	Name Maria Camila Leiva		
	Street Address (P.O. Box Number is Not Acceptable) 1550 Madruga Avenue		
	Suite 406		
	City CORAL GABLES	FL	Zip Code 33146

<b>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.</b>	
SIGNATURE Maria Camila Leiva <i>Maria Camila Leiva</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE 02/01/2002 <small>(NOTE: Registered Agent signature required when reinstating)</small>

<b>9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so.</b> (See criteria on back) <input type="checkbox"/>	<b>January 1 - May 1 Fee is \$150.00</b> <b>After May 1, Fee is \$550.00</b> <b>Amended UBR is \$61.25</b> <b>Make Check Payable to Department of State</b>	<b>10. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P German Leiva 1550 Madruga Avenue Suite 406 Coral Gables, Florida 33146	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST Maria Camila Leiva 1550 Madruga Avenue Suite 406 Coral Gables, Florida 33146	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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<b>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 on an attachment with an address, with all other like empowered.</b>			
<b>SIGNATURE:</b> Maria Camila Leiva <i>Maria Camila Leiva</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	02/01/2002 <small>Date</small>	(305) 667-9484 <small>Daytime Phone #</small>	

CR2E034B (12/01)