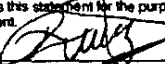
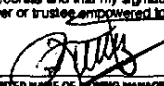


FILED
Sep 11, 2003 8:00 am
Secretary of State

09-11-2003 90042 011 ****50.00

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L02000001121			
1. Entity Name U.S.A. REAL ESTATE HOLDINGS, L.L.C.			
Principal Place of Business 12515 N. KENDALL DRIVE MIAMI, FL 33186		Mailing Address 12515 N. KENDALL DRIVE MIAMI, FL 33186	
2. Principal Place of Business 1717 N. BAYSHORE DR		3. Mailing Address 1717 N. BAYSHORE DR	
Suite, Apt. #, etc. # 215		Suite, Apt. #, etc. # 215	
City & State MIA, FL 33132		City & State MIA FL	
Zip 33132		Country U.S.A	
4. FEI Number		☒ Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent NUNEZ, RAFAEL 12515 N. KENDALL DRIVE MIAMI, FL 33186		7. Name and Address of New Registered Agent Name DENNIS BEARD Street Address (P.O. Box Number is Not Acceptable) 1717 N. BAYSHORE DR #215 City MIA 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE  DATE 9/5/03 Signature, typed or printed name of registered agent and fee 1 applicable. (NOTE: Registered Agent Signature required when withdrawing)			
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004			
B. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 606, Florida Statutes.			
SIGNATURE: 		SEPT 5/03	
SIGNATURE AND TYPED OR PRINTED NAME OF FORMING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	

90155640



☒ CHECK HERE IF MAKING CHANGES

CR2003 (10/02)