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.

90155640

Principal Place of Business	Mailing Address
12515 N. KENDALL DRIVE MIAMI, FL 33186	12515 N. KENDALL DRIVE MIAMI, FL 33186

2. Principal Place of Business		3. Mailing Address	
1717 N. BAYSHORE DR		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	Zip 33132	Country U.S.A

☒ CHECK HERE IF MAKING CHANGES

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	7. Name and Address of New Registered Agent
NUNEZ, RAFAEL 12515 N. KENDALL DRIVE MIAMI, FL 33186	Name DENNIS BEDARD 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 [signature] 9/5/03.
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE 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		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR RAFAEL NUNEZ 12515 N. KENDALL DRIVE MIAMI, FL 33186	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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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.

SIGNATURE: [signature] SEPT 5/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #