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FILED

Jan 15 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L40710 (0)

1. Corporation Name  
USACO ENTERPRISES, INC.



Principal Place of Business

4520 EAUGALLE BLVD.  
MELBORNE FL 32935

Mailing Address

4520 EAUGALLE BLVD.  
MELBORNE FL 32934-7216

3. Date Incorporated or Qualified  
01/08/1990

3a. Date of Last Report  
05/14/1996

2. Principal Place of Business

21 Suite, Apt #, etc

2a. Mailing Address

26 Suite, Apt #, etc

4. FEI Number

59-3092000

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

GANDHI, HEMANT R.  
442 LANTERN BACK ISLAND DR  
SATELLITE BEACH FL 32937

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and here if applicable

(NOTE: Registered Agent signature required when releasing)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME PANDYA, SUMANT J.  
STREET ADDRESS 315 N TROPICAL TR  
CITY-ST-ZIP MERRITT ISLAND FL

TITLE D ☐ DELETE

NAME PANDYA, SNEHLATA S.  
STREET ADDRESS 315 N TROPICAL TR  
CITY-ST-ZIP MERRITT ISLAND FL

TITLE DP ☐ DELETE

NAME GANDHI, HEMANT R.  
STREET ADDRESS 442 LANTERNBACK ISLD DR  
CITY-ST-ZIP SATELLITE BCH FL

TITLE D ☐ DELETE

NAME GANDHI, PRATIBHA H  
STREET ADDRESS 442 LANTERNBACK ISLD DR  
CITY-ST-ZIP SATELLITE BCH FL

TITLE D ☐ DELETE

NAME GANDHI, PANKAJ R  
STREET ADDRESS 735 HANNA DR  
CITY-ST-ZIP MERRITT ISLAND FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

0103245

CR2E034 (9/96)