

FILED
May 30, 2003 8:00 am
Secretary of State

05-30-2003 90085 042 ***150.00

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

DOCUMENT # L41214

1. Entity Name

U.S. EQUITIES CORPORATION



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
201 N.E. FIRST AVENUE

Suite, Apt. #, etc.

City & State
DELRAY BEACH, FL

Zip
33444

Country
USA

3. Mailing Address
201 N.E. FIRST AVENUE

Suite, Apt. #, etc.

City & State
DELRAY BEACH, FL

Zip
33444

Country
USA

4. FEI Number
59-3062914

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name ROBERT S. SARAGA, ESQ.

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

201 N.E. FIRST AVENUE

City DELRAY BEACH, FL

FL

Zip Code
33444

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

Robert S Saraga
Signature, typed or printed name of registered agent and file if applicable

Robert S Saraga
(NOTE: Registered Agent signature required when reinstating)

5/24/03
DATE

January 1 - May 1, Fee is \$150.00
After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PRES.
ANTHONY J. MICHAELS
19802 N. 84TH ST.
SCOTTSDALE AZ 85255

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. 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 register or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other persons empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANTHONY J. MICHAELS

Date

5/23/03 (480) 538-1774
Daytime Phone #

CR2E034B (12/02)