

FILED  
Apr 02, 2002 8:00 am  
Secretary of State

02-20-2002 90136 036 \*\*\*150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L66495  
Entity Name  
R USA INC.

Principal Place of Business  
18 S.E. 3 STREET  
DANIA FL 33004

Mailing Address  
418 S.E. 3 STREET  
DANIA FL 33004  
US



DO NOT WRITE IN THIS SPACE

Principal Place of Business | 3. Mailing Address  
Sulte, Apt. #, etc. | Sulte, Apt. #, etc.  
City & State | City & State | 4. FEI Number 65-0190506 | Applied For Not Applicable  
Zip | Country | Zip | Country | 5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
MOSHE SHMOUEL  
4715 JACKSON STREET  
HOLLYWOOD FL 33021  
*Delete*

7. Name and Address of New Registered Agent  
Name: Shmouel Moshe  
Street Address (P.O. Box Number is Not Acceptable)  
418 S.E. 3 STREET  
DANIA BEACH,  
City: FL Zip Code: 33004

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.  
SIGNATURE: *[Signature]*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)   
FILE NOW!!! FEE IS \$150.00  
After May 1, 2002 Fee will be \$550.00  
Make Check Payable to Department of State  
10. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

1. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. MOSHE SHMOUEL 921 S. PARK RD HOLLYWOOD FL 33023 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	418 S.E. 3 ST DANIA FL. 33004 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	OWNER Shmouel Moshe 418 S.E. 3 ST DANIA BEACH FL. 33004 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

3. 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* 2-602 954441414  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)