2001 UNIFORM BUSINESS REPORT (UBR)

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FILED
Sep 06, 2001 8:00 am
Secretary of State
05-21-2001 90348 015 ***150.00

[redacted]

DO NOT WRITE IN THIS SPACE

DOCUMENT # P00000006789

1. Entity Name

U.S.A. ABROAD INC

Principal Place of Business	Mailing Address
14704 S.W. 37th Terrace Miami, FL 33185	14704 S.W. 347th Terrace Miami, FL 33185

2. Principal Place of Business	3. Mailing Address
4310 Sheridan St.	4310 Sheridan St.
Suite, Apt. #, etc.: Suite 202	Suite, Apt. #, etc.: Suite 202
City & State: Hollywood, FL	City & State: Hollywood, FL
Zip: 33021 Country:	Zip: 33021 Country:

4. FEI Number 65-1085785 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

Martinez, Arsenio
14704 S.W. 37th Terrace
Miami, FL 33185

7. Name and Address of New Registered Agent

Name: Fisten, Bruce
Street Address (P.O. Box Number is Not Acceptable): 1020 Sorrento Drive
City: Weston FL Zip Code 33326

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.

SIGNATURE x Bruce Fisten, Pres. Bruce Fisten, Pres. 7/1/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. 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, 2001 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD NAME / STREET ADDRESS / CITY-ST-ZIP	Martinez, Arsenio 14704 S.W. 37th Terrace Miami, FL 33185 ☒ Delete	TITLE PSD NAME / STREET ADDRESS / CITY-ST-ZIP	Fisten, Bruce 1020 Sorrento Drive Weston, FL 33326 x☐ Change ☐ Addition
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13. 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: X Bruce Fisten, Pres. Bruce Fisten, Pres. X 4/30/01 954-431-5966
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #