

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 27, 2001 08:00 AM****Secretary of State****DOCUMENT # P00000009934**1. Entity Name
FLORIDA GROUP CORPORATE HOUSES USA INC.Principal Place of Business
149 WESTWIND DRIVE
DAVENPORT FL 33837
Mailing Address
149 WESTWIND DRIVE
DAVENPORT FL 338372. Principal Place of Business
3501 WEST VINE ST.

3. Mailing Address

Suite, Apt. #, etc.
SUITE 275

Suite, Apt. #, etc.

City & State
KISSIMMEE FL

City & State

Zip
34741

Country

Zip

Country

4. FEI Number
59-3615793
Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**7. Name and Address of New Registered Agent**DIAZ LUIS
149 WESTWIND DRIVE
DAVENPORT FL 33837Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 _____ 03/27/2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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 State10. 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 D
NAME DIAZ LUIS ☐ Delete
STREET ADDRESS 149 WESTWIND DRIVE
CITY-ST-ZIP DAVENPORT FL 33837TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: Luis Diaz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

D 03/27/2001

Date

Daytime Phone #

CR2E034 (11/00)