

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000023865

1. Entity Name  
U.S.A. SUPPLY, INC.

**FILED**  
**Aug 25, 2002 8:00 am**  
**Secretary of State**

08-25-2002 90217 020 \*\*\*150.00

UBR/26 AV

Principal Place of Business  
5460 NORTH STATE ROAD 7 #113  
FT LAUDERDALE FL 33309

Mailing Address  
5460 NORTH STATE ROAD 7 #113  
FT LAUDERDALE FL 33309



2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
USA SUPPLY  
P.O. BOX 590666  
TAMARAC, FL  
33359 USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0988454  
Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

GHASSEDI, SOO J  
5460 NORTH STATE ROAD 7 #113  
FT LAUDERDALE FL 33309

## 7. Name and Address of New Registered Agent

Name  
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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

TITLE D  
NAME GHASSEDI, SOO J  
STREET ADDRESS 5460 NORTH STATE ROAD 7 #113  
CITY-ST-ZIP FT LAUDERDALE FL 33309

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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 reports 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 REQUIRED

08/21/02 800 757-7092

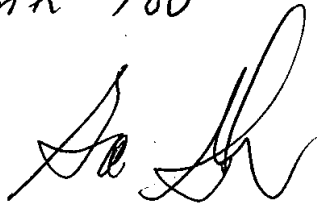
CR2E034 (4/02)

Attachment

#P00000023865/677231

I changed our address and never  
got this report until August so  
please accept my \$150 and New  
Address.

Thank You

A handwritten signature in cursive script, appearing to be 'A. R.' or similar, written in dark ink.