

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000051916**

1. Entity Name

USAIP.COM, INC.**FILED****Feb 09, 2001 8:00 am**
Secretary of State

02-09-2001 90220 006 ***150.00

Principal Place of Business

4801 S UNIVERSITY DR. STE 2100
DAVIE FL 33328

Mailing Address

4801 S UNIVERSITY DR. STE 2100
DAVIE FL 33328**C0019594**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1011353

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

COVE, ANDREW N
3801 S UNIVERSITY DR, STE 2100
DAVIE FL 33328

7. Name and Address of New Registered Agent

Name

JUDD, WILLIAM

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

4801 S. University Dr. STE 2100

City

DAVIE**FL**

Zip Code

33328

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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered agent signature required when reinstating)

DATE

2/5/019. 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

TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	FERREIRAS, ALBERTO	
STREET ADDRESS	4801 S UNIVERSITY DR, STE 2100	
CITY-ST-ZIP	DAVIE FL 33328	
TITLE	DV	<input type="checkbox"/> Delete
NAME	JUDD, WILLIAM	
STREET ADDRESS	4801 S UNIVERSITY DR, STE 2100	
CITY-ST-ZIP	DAVIE FL 33328	
TITLE	DTS	<input checked="" type="checkbox"/> Delete
NAME	WOLIN, JODI ANN	
STREET ADDRESS	4801 S UNIVERSITY DR, STE 2100	
CITY-ST-ZIP	DAVIE FL 33328	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRES.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JUDD, WILLIAM	
STREET ADDRESS	4801 S. UNIVERSITY DR #2100	
CITY-ST-ZIP	DAVIE FL 33328	
TITLE	V. PRES.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BLAIR, DAVID	
STREET ADDRESS	4801 S. UNIVERSITY DR. #2100	
CITY-ST-ZIP	DAVIE FL 33328	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)