

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 10, 2001 8:00 am**  
**Secretary of State**

05-10-2001 90137 014 \*\*\*150.00

**DOCUMENT # P00000053540**

1. Entity Name  
**MARKET HOLDINGS (U.S.A.), INC.**

Principal Place of Business <b>4134 GULF OF MEXICO DRIVE          SUITE 302          LONGBOAT KEY FL 34228</b>	Mailing Address <b>4134 GULF OF MEXICO DRIVE          SUITE 302          LONGBOAT KEY FL 34228</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>850 S. TAMIAHI TR.          Suite, Apt. #, etc.  <b>822</b></b>	3. Mailing Address <b>850 S. TAMIAHI TR.          Suite, Apt. #, etc.  <b>822.</b></b>
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City & State <b>SARASOTA FL.</b>	City & State <b>SARASOTA, FL.</b>	4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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Zip <b>34236</b>	Country <b>USA.</b>	Zip <b>34236</b>	Country <b>USA.</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>DISALVO, FEDELE JOHN          4134 GULF OF MEXICO DRIVE          SUITE 302          LONGBOAT KEY FL 34228</b>		7. Name and Address of New Registered Agent Name <b>DISALVO, FEDELE JOHN</b> Street Address (P.O. Box Number is Not Acceptable) <b>850 S. TAMIAHI TR.          SUITE 822</b> City <b>SARASOTA FL</b> Zip Code <b>34236.</b>	
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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 **DISALVO, FEDELE JOHN** DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD DISALVO, FEDELE JOHN 4134 GULF OF MEXICO DRIVE SUITE 302 LONGBOAT KEY FL 34228</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD DISALVO, FEDELE JOHN 850 S. TAMIAHI TR # 822 SARASOTA FL. 34236.</b> <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
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

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]** **April 28/01** **941-809-0035.**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)