

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000066398

1. Entity Name
U.S. INVESTMENT GROUP, INC.

FILED
Feb 25, 2002 8:00 am
Secretary of State

02-25-2002 90015 036 ***158.75

0242927 AV

Principal Place of Business
C/O ROBERT HENRY SILVER, C.P.A., P.A.
1140 KANE CONCOURSE 5TH FLOOR
BAY HARBOUR ISLAND FL 33154

Mailing Address
C/O ROBERT HENRY SILVER, C.P.A., P.A.
1140 KANE CONCOURSE 5TH FLOOR
BAY HARBOUR ISLAND FL 33154



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-1024612		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/>	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent

SILVER, ROBERT HENRY CPA PA
C/O ROBERT HENRY SILVER, C.P.A., P.A.
1140 KANE CONCOURSE 5TH FLOOR
BAY HARBOUR ISLAND FL 33154

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, HOWARD 1140 KANE CONCOURSE 5TH FLOOR BAY HARBOUR ISLAND FL 33154 <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
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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HOWARD MILLER 2/6/02 365 940-8220
Date Daytime Phone #

CR2E034 (9/01)