

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 13, 2003 8:00 am**  
**Secretary of State**

02-13-2003 90246 013 \*\*\*158.75

DOCUMENT # P00000066398

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



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



2. Principal Place of Business  
**701 BRICKELL KEY BLVD**  
Suite, Apt. #, etc.  
**PENTHOUSE 110 KEY BLVD.**  
City & State  
**MIAMI FL**  
Zip  
**33131**  
Country  
**U.S.A.**

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1024612

Applied For  
Not Applicable

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

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. 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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MILLER, HOWARD</b>	
STREET ADDRESS	<b>1140 KANE CONCOURSE 5TH FLOOR</b>	
CITY-ST-ZIP	<b>BAY HARBOUR ISLAND FL 33154</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **X SIGNATURE REQUIRED HOWARD MILLER** 02-11-03-305-8647531  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)