

# 2001 UNIFORM BUSINESS REPORT (UBR)

4/1

FILED

May 03, 2001 8:00 am  
Secretary of State

04-11-2001 90036 031 \*\*\*150.00

DOCUMENT # P00000075626

1. Entity Name

U.S. INFORMATION CENTER, INC.

Principal Place of Business

2520 S.W. 22ND STREET #2-343  
MIAMI FL 33145

Mailing Address

2520 S.W. 22ND STREET #2-343  
MIAMI FL 33145

2. Principal Place of Business

3. Mailing Address

2212 NW 3 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

MIAMI FLORIDA

Zip

Country

Zip

33125

Country

USA

4. FEI Number

65-1032358

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DOYLE, ALLAN  
175 FONTAINBLEAU BLVD.  
SUITE 1-B  
MIAMI FL 33172

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

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 \$150.00  
After MAY 1, 2001 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	FOREITER, VICTOR	
STREET ADDRESS	2360 N.E. 195TH ST.	
CITY-ST-ZIP	N. MIAMI BEACH FL 33140	
TITLE	STD	<input type="checkbox"/> Delete
NAME	FOREITER, MERCEDES N	
STREET ADDRESS	2360 N.E. 195TH ST.	
CITY-ST-ZIP	N. MIAMI BEACH FL 33140	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	FOREITER, DIEGO E	
STREET ADDRESS	8201 S.W. 82ND CT.	
CITY-ST-ZIP	MIAMI FL 33173	
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	<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	
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

VICTOR E. FOREITER

04-04-01

Date

(305) 541-4887

Daytime Phone #

CR2E034 (10/00)