

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000089022

1. Entity Name
DOWNTOWN USA, INC.

FILED
Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90004 029 ***150.00

Principal Place of Business

13615 S. DIXIE HIGHWAY
SUITE 114-PMB 481
MIAMI FL 33176-7254

Mailing Address

13615 S. DIXIE HIGHWAY
SUITE 114-PMB 481
MIAMI FL 33176-7254

2. Principal Place of Business

13615 So. DIXIE Hwy. #114

3. Mailing Address

13615 So. DIXIE Hwy. #114

Suite, Apt. #, etc.

PMB 481

Suite, Apt. #, etc.

PMB 481

City & State

City & State

Zip

Country

USA

Zip

Country

USA

4. FEI Number

65-1047858

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

GUARCH, J.M. JR.
710 SOUTH DIXIE HIGHWAY
CORAL GABLES FL 33146

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D
STREET ADDRESS CORONA, ALICIA C
CITY-ST-ZIP 13615 S. DIXIE HIGHWAY SUITE 114-481
MIAMI FL 33176-7252

TITLE ☒ Change ☐ Addition
NAME ALICIA COMER
STREET ADDRESS 13615 So. DIXIE Hwy. #114, PMB 481
CITY-ST-ZIP MIAMI, FL 33176-7254

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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

ALICIA COMER April 12, 2001 (305) 869-7991

Date

Daytime Phone #

CR2E034 (10/00)