

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P00000106161**

1. Entity Name
SOUTHERN CROSS USA, INC.

FILED

Apr 30, 2001 08:00 AM
Secretary of State

Principal Place of Business		Mailing Address	
C/O MICHAEL WEISS & ASSOCIATES, P.A. 1401 BRICKELL AVE STE 300 MIAMI 33132		C/O MICHAEL WEISS & ASSOCIATES, P.A. 1401 BRICKELL AVE STE 300 MIAMI 33132	

2. Principal Place of Business		3. Mailing Address	
C/O MICHAEL WEISS & ASSOCIATES, P.A.		C/O MICHAEL WEISS & ASSOCIATES, P.A.	
Suite, Apt. #, etc. 1401 BRICKELL AVE STE 300		Suite, Apt. #, etc. 1401 BRICKELL AVE STE 300	

City & State MIAMI FL		City & State MIAMI FL	
Zip 33131	Country	Zip 33131	Country

4. FEI Number		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent			
WEISS MICHAEL NESQ C/O MICHAEL WEISS & ASSOCIATES, P.A. 1401 BRICKELL AVE STE 300 MIAMI 33132			

7. Name and Address of New Registered Agent	
Name WEISS MICHAEL NESQ Street Address (P.O. Box Number is Not Acceptable) C/O MICHAEL WEISS & ASSOCIATES, P.A.	
1401 BRICKELL AVE STE 300 City MIAMI	
<input checked="" type="checkbox"/> FL	Zip Code 33131

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 **MICHAEL WEISS**

04/30/2001

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) <input checked="" type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEISS MICHAEL N 1401 BRICKELL AVE STE 300 MIAMI FL 33131	<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
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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 807, 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: **Michael Weiss**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

D **04/30/2001**

Date

Daytime Phone #

CR2E034 (11/00)