2002 UNIFORM BUSINESS REPORT (UBR)

Apr 26, 2002 8:00 am Secretary of State P01000004785 DOCUMENT # 1. Entity Name AMERICAN BUSINESS USA CORP. 04-26-2002 90012 023 ***150 00 Principal Place of Business Mailing Address 15781 SW 106TH TERR NO. 302 15781 SW 106TH TERR NO. 302 MIAMI FL 33196 MIAM! FL 33196 2. Principal Place of Business 3. Mailing Address 14070 SW 91 TERR 91 TERR 4070 SW DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State FEI Number City & State 5-1067613 Not Applicable M.m. Man I, FO \$8.75 Additional Country A .33186 Country 5. Certificate of Status Desired 3186 Fee Required 4 Cu 7=Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GOMEZ MAURICIO GOMEZ, MAURICIO Street Address (P.O. Box Number is Not Acceptable) 15781 SW 106TH TERR NO. 302 14070 SW MIAMI FL 33196 City 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition TITLE Change ☐ Delete TITLE HAURIGO GOMEZ GOMEZ, MAURICIO NAME NAME 91 TERR 15781 SW 106TH TERR NO. 302 14070 SW STREET ADDRESS STREET ADDRESS MIAMI FL 33196 CITY-ST-ZIP Himmi, FL CITY-ST-ZIP **C**hange ☐ Addition TITLE **42** D **VPSD** TITLE ☐ Delete BLANCA S. NÍNO NAME NINO, BLANCA S NAME 15781 SW 106TH TERR NO. 302 STREET ADDRESS 14070 SW 91 TERR STREET ADDRESS CITY-ST-ZIE MIAMI FL 33196 CITY-ST-ZIP AM : FL 33/86 - ☐ Addition = = THE ŤÍŤE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IE ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

SIGNATURE:

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED