

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90195 047 ***150.00

DOCUMENT # P01000010504

1. Entity Name
USACO WORLDWIDE, INC.



Principal Place of Business
**3152 NW 72ND AVE.
MIAMI FL 33122**

Mailing Address
**3152 NW 72ND AVE.
MIAMI FL 33122**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-1073227**

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

**DE GEDEON, GABRIEL
7362 NW 72 AVENUE
MIAMI FL 33166**

Name **Lina Trujillo**

Street Address (P.O. Box Number is Not Acceptable)

771 SE 1st PL

City **Hialeah**

FL

Zip Code **33010**

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 **Lina Trujillo**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

01-24-03

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **OCHOA CORTES, ROSAURA**
STREET ADDRESS **14504 SW 181 TERRACE**
CITY-ST-ZIP **MIAMI FL 33177**

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

TITLE **VD** ☐ Delete
NAME **TRIANA, CARLOS EUSEBIO**
STREET ADDRESS **14504 SW 181 TER**
CITY-ST-ZIP **MIAMI FL 33177**

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

TITLE **SD** ☐ Delete
NAME **CORTES URIBE, ALVARO YECIO**
STREET ADDRESS **9919 NW 122 ST**
CITY-ST-ZIP **HIALEAH GARDENS FL 33019**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE REQUIRED CARLOS TRIANA

01-15-03

786-845-9180

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)