2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 15, 2002 8:00 am
Secretary of State
02-15-2002 90012 026 ***150.00

DOCUMENT # P01000010650

1. Entity Name
1012 USA, CORP.

Principal Place of Business	Mailing Address
5440 STATE ROAD 7. SUITE 221 FORT LAUDERDALE FL 33319	5440 STATE ROAD 7. SUITE 221 FORT LAUDERDALE FL 33319

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
1290 Weston Rd		1290 Weston Rd	
Suite, Apt. #, etc.: Suite 210		Suite, Apt. #, etc.: Suite 210	
City & State: Weston, FL 33326		City & State: Weston T	
Zip: 33326	Country: USA	Zip: 333E6	Country: USA

4. FEI Number 65-1102134 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GLOBAL BUSINESS SOLUTIONS GROUP CORP.
5440 STATE ROAD 7
SUITE 221
FORT LAUDERDALE FL 33319

7. Name and Address of New Registered Agent

Name: GBS Consultants
Street Address (P.O. Box Number is Not Acceptable): 1290 Weston Rd Suite 210
City: Weston FL Zip Code: 33326

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 x [signature] 01/28/02
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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	PTD BONALDE, YOVANY J 5440 STATE ROAD 7, SUITE 221 FORT LAUDERDALE FL 33319	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD BONALDE, HILDA C 5440 STATE ROAD 7, SUITE 221 FORT LAUDERDALE FL 33319	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (9/01)

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] 01/28/02 954-659-8835
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #