# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**
**May 24, 2002 8:00 am**
**Secretary of State**
05-24-2002 91345 005 ***150.00

669246

DOCUMENT # P01000022772

1. Entity Name

U.S.A. Stripping, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
17801 SW 113 Court
Suite, Apt. #, etc.
Miami, FL.
City & State
33157
Zip | Country

3. Mailing Address
17801 SW 113 Court
Suite, Apt. #, etc.
Miami, FL
City & State
33157
Zip | Country

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1079502

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: Eddy Pacheco.
Street Address (P.O. Box Number is Not Acceptable):
17801 SW 113 Court.
City: Miami. FL 33157

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]
Signature required or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required on amendment) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1, Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 Make Payable to Fees

11. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE: President<br>NAME: Eddy Pacheco.<br>STREET ADDRESS: 17801 SW 113 Court<br>CITY-ST-ZIP: Miami, FL. 33157 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |
| TITLE: Vicepresident.<br>NAME: Noel Vera<br>STREET ADDRESS: 17801 SW 113 Court<br>CITY-ST-ZIP: Miami, FL. 33157. | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |
| TITLE: Secretary<br>NAME: Nivia Caballero<br>STREET ADDRESS: 17014 SW 150 ST.<br>CITY-ST-ZIP: Miami, FL. 33157. | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |

DO NOT WRITE IN THIS SPACE

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

SIGNATURE: [signature] 4/29/02.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date