

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90182 001 ***150.00

DOCUMENT # P01000022772

1. Entity Name
U.S.A. STRIPPING, INC.



Principal Place of Business: 17801 SW 113 COURT
MIAMI FL 33157

Mailing Address: 17801 SW 113 COURT
MIAMI FL 33157

2. Principal Place of Business: 17801 SW 113CT MIAMI FL
3. Mailing Address: 17801 SW 113CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip
33157

Country

Zip
33157

Country
EVA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1079502

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

PACHECO, EDDY
17801 SW 113 COURT
MIAMI FL 33157

Name

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

City

FL

Zip Code

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 *[Signature]*
Signature of individual or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

03/26/03

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
NAME PACHECO, EDDY
STREET ADDRESS 17801 SW 113 COURT
CITY-ST-ZIP MIAMI FL 33157 ☐ Delete

TITLE President
NAME EDDY PACHECO ☐ Change ☐ Addition

TITLE VPD
NAME MORA, NOEL
STREET ADDRESS 17701 SW 114 AVE
CITY-ST-ZIP MIAMI FL 33157 ☒ Delete

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

TITLE SD
NAME CANDELAR, NIVA
STREET ADDRESS 17014 SW 156 ST
CITY-ST-ZIP MIAMI FL 33157 ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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]
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

03/26/03

CR2E034 (10/02)