

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2004 8:00 am
Secretary of State

02-17-2004 90041 032 ***150.00

DOCUMENT # P01000028444

1. Entity Name

U.S.A. MORTGAGE BUSINESS, INC.



Principal Place of Business

**8000 GOVERNORS SQUARE BLVD, SUITE 410
MIAMI LAKES FL 33016**

Mailing Address

**8000 GOVERNORS SQUARE BLVD, SUITE 410
MIAMI LAKES FL 33016**

2. Principal Place of Business

8000 GOVERNORS SQ. BLVD

3. Mailing Address

8000 GOVERNORS SQ. BLVD

Suite, Apt. #, etc.

SUITE 101

Suite, Apt. #, etc.

SUITE 101

City & State

MIAMI LAKES, FL

City & State

MIAMI LAKES, FL

Zip

33016

Country

Zip

33016

Country

4. FEI Number

65-1085787

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BELLO, ANTONIO A
3605 W PALM COURT
HIALEAH FL 33012**

7. Name and Address of New Registered Agent

Name

BELLO, ANTONIO A

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

15573 SW 43 LN

City

Miami

FL

Zip Code

33185

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 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

TITLE ☐ Delete
NAME **D BELLO, ANTONIO A**
STREET ADDRESS **3605 W PALM COURT**
CITY-ST-ZIP **HIALEAH FL 33012**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME **D BELLO, ANTONIO A**
STREET ADDRESS **15573 SW 43 LN**
CITY-ST-ZIP **Miami, FL 33185**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-11-2004.

Date

Daytime Phone #