

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT #** 201000047256  
**1. Entity Name**  
 Discover U.S. Inc

FILED

02 NOV -4 PM 5:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

<b>2. Principal Place of Business</b> 8180 NW 36 ST Suite, Apt. #, etc. SUITE 418 City & State MIAMI, FL Zip 33166 Country USA		<b>3. Mailing Address</b> 8180 NW 36 ST Suite, Apt. #, etc. SUITE 418 City & State MIAMI, FL Zip 33166 Country USA	
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<b>4. FEI Number</b> 65-1106085	Applied For <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**DO NOT WRITE  
IN THIS SPACE**

<b>7. Name and Address of Current Registered Agent</b>	
Name JUAN QUINTERO	
Street Address (P.O. Box Number is Not Acceptable) 17275 COLLINS AVE #501	
City SUNNY ISLES BEACH FL	Zip Code 33160

**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, 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)

**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 May Be Added to Fees**

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP JUAN QUINTERO 17275 COLLINS AVE #501 SUNNY ISLES BEACH, FL 33160	
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**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 on an attachment with an address, title, or other like information.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/20/02

Distance Phone #

CR2E034B (12/01)

11/1/02

**TO WHOM IT MAY CONCERN**

**MY NAME IS MARIA GONZALEZ, I SENT ON 04/29/02, THE "2002 UNIFORM BUSINESS REPORT (UBR)", FROM DISCOMER U.S. INC, EIN: 65-1106085, AND YOU TOOK THE PAYMENT (US150.00), HOWEVER, NOW I SEE BY INTERNET, THE COMPANY IS "INACT/UA".**

**I AM SENDING TO YOU, A COPY FOR THE UBR.**

**COULD YOU FIX IT, PLEASE?**

**THANKS.**

**BEST REGARDS,**



**MARIA GONZALEZ**

**BOOKKEEPER**

**PHONE: (305) 593-0004 X 116**

**FAX: (305) 593-0004**