

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90100 036 ***163.50

DOCUMENT # *P01000057514*
1. Entity Name
USA OVERSEAS DEVELOPMENT CORP.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business *1109 SAN REMO CIRCLE*
Suite, Apt. #, etc.
3. Mailing Address *1109 SAN REMO CIRCLE*
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State *HOMESTEAD, FLORIDA*
City & State *HOMESTEAD, FLORIDA*
Zip *33035* Country *USA* Zip *33035* Country *USA*

4. FEI Number *36-4481282* Applied For Not Applicable
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 *SPIRIDON ATHANASIADIS*
Street Address (P.O. Box Number is Not Acceptable) *1109 SAN REMO CIRCLE*
City *HOMESTEAD* FL Zip Code *33035*

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 *SPIRIDON ATHANASIADIS* *SPIRIDON ATHANASIADIS* DATE *04/29/02*
(NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees
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

11. OFFICERS AND DIRECTORS			
TITLE	<i>PRESIDENT</i>	TITLE	
NAME	<i>SPIRIDON ATHANASIADIS</i>	NAME	
STREET ADDRESS	<i>1109 SAN REMO CIRCLE</i>	STREET ADDRESS	
CITY-ST-ZIP	<i>HOMESTEAD, FLORIDA 33035</i>	CITY-ST-ZIP	
TITLE	<i>SENIOR VICE PRESIDENT</i>	TITLE	
NAME	<i>HERLANDO YUEN</i>	NAME	
STREET ADDRESS	<i>1109 SAN REMO CIRCLE</i>	STREET ADDRESS	
CITY-ST-ZIP	<i>HOMESTEAD, FLORIDA 33035</i>	CITY-ST-ZIP	
TITLE	<i>SECRETARY OF TREASURE</i>	TITLE	
NAME	<i>VERA BLANTON</i>	NAME	
STREET ADDRESS	<i>1109 SAN REMO CIRCLE</i>	STREET ADDRESS	
CITY-ST-ZIP	<i>HOMESTEAD, FLORIDA 33035</i>	CITY-ST-ZIP	
TITLE		TITLE	
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CITY-ST-ZIP		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 on an attachment with an address, with all other like empowered.
SIGNATURE: *SPIRIDON ATHANASIADIS* *SPIRIDON ATHANASIADIS* DATE *04/29/02*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034B (12/01)