

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90045 021 ***150.00

DOCUMENT # P01000066317

1. Entity Name
USA FLORIDA GROUP, INC.

Principal Place of Business
1432 SW COURTYARDS LN. UNIT 101
CAPE CORAL FL 33914

Mailing Address
PO BOX 100510
CAPE CORAL FL 33910

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
PO BOX 101022
 Suite, Apt. #, etc.

City & State
CAPE CORAL

Zip **Country**
33910-1022 **FL**

4. FEI Number
65-11 20862

Applied For
☐ **Not Applicable**

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SPEIGEL & UTRERA, P.A.
1840 SW 22 ST, 4TH FL
MIAMI FL 33145

7. Name and Address of New Registered Agent

Name
FISCHER, ALEXANDRA

Street Address (P.O. Box Number is Not Acceptable)
1432 SW COURTYARDS LN

UNIT 101

City **FL** **Zip Code**
CAPE CORAL **33914**

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 *Alexandra Fischer* **01-12-2002**
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)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE	DPS	<input type="checkbox"/> Delete
NAME	FISCHER, ALEXANDRA	
STREET ADDRESS	1432 SW COURTYARDS LN, UNIT 101	
CITY-ST-ZIP	CAPE CORAL FL 33914	
TITLE	DVT	<input checked="" type="checkbox"/> Delete
NAME	HAHN, JUERGEN	
STREET ADDRESS	1432 SW COURTYARDS LN, UNIT 101	
CITY-ST-ZIP	CAPE CORAL FL 33914	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DVT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FISCHER, ALEXANDRA	
STREET ADDRESS	1432 SW COURTYARDS LN, UNIT 101	
CITY-ST-ZIP	CAPE CORAL, FL 33914	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Alexandra Fischer*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-12-02 **541-541-9718**
Date Daytime Phone #

CR2E034 (9/01)