= AMENDED =

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 APR -8 AM 10: 22

01-22-2003 90136 036 ***158.75
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000082424

1. Entity Name
USIN BROTHERS, INC.

Principal Place of Business	Mailing Address
3045 NW 33RD AVENUE MIAMI FL 33142	3045 NW 33RD AVENUE MIAMI FL 33142

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1130376 ☐ Applied For ☐ Not Applicable

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

~~6. Name and Address of Current Registered Agent~~

CRUZ, ESTHER
3045 NW 33RD AVENUE
MIAMI FL 33142

~~7. Name and Address of New Registered Agent~~

Name HERNANDEZ RAFAEL

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

3045 N.W. 33rd AVE.

City Miami FL Zip Code 33142

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 X Rafael Hernandez (Director) 03/31/2003
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, 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D CRUZ, ESTHER 15465 SW 80TH STREET APT 106 MIAMI FL 33193	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Hernandez, Rafael 1280 N.E. 159 Street North Miami Beach, FL 33162
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Olguin, Vanina L. 1280 N.E. 159 Street North Miami Beach, FL 33162
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	000015761560 04/11/03--01068--030 **61.25
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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.

New

SIGNATURE REQUIRED 03/31/2003