

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90156 041 ***150.00

DOCUMENT # P01000097095

1. Entity Name
USD FINANCE, INC.

DE

Principal Place of Business
20530 NORTHEAST 19TH AVENUE
MIAMI FL 33179

Mailing Address
20530 NORTHEAST 19TH AVENUE
MIAMI FL 33179



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

19707 TURNBERRY WAY

3. Mailing Address

C/O DAVID ETZION

Suite, Apt. #, etc.

20C

Suite, Apt. #, etc.

P.O. BOX 802201

City & State

AVENTURA FL

City & State

AVENTURA FL

4. FEI Number

65-1148583

Applied For

Not Applicable

Zip

33180

Country

USA

Zip

33180

Country

USA

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

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145

7. Name and Address of New Registered Agent

Name DAVID ETZION

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

19707 TURNBERRY WAY #20C

City

AVENTURA

FL

Zip Code

33180

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 DAVID ETZION VSTD

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 Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	TROJECKI, SZYMON	
STREET ADDRESS	20530 NORTHEAST 19TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33179	
TITLE	VSTD	<input type="checkbox"/> Delete
NAME	ETZION, DAVID	
STREET ADDRESS	20530 NORTHEAST 19TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33179	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	EVRON, URI	
STREET ADDRESS	20530 NORTHEAST 19TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33179	
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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TROJECKI, SZYMON	
STREET ADDRESS	1662 NE 196 ST.	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33179	
TITLE	VSTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ETZION, DAVID	
STREET ADDRESS	19707 TURNBERRY WAY #20C	
CITY-ST-ZIP	AVENTURA FL 33180	
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: DAVID ETZION VSTD REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/2002 (305) 937-2810
Date Daytime Phone #

CR2E034 (9/01)