

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 NOV 19 AM 9:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000102445**

1. Entity Name
USA BUSINESS GROUP, INC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
8246 SW 147 CT
Suite, Apt. #, etc.

3. Mailing Address
8246 SW 147 CT
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
MIAMI, FL

City & State
MIAMI, FL

Zip
33193 Country
US

Zip
33193 Country
US

4. FEI Number
65-1146794

Applied For
☐ Not Applicable

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

DO NOT WRITE
IN THIS SPACE

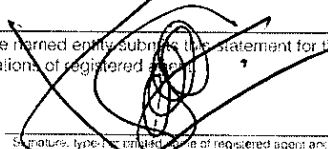
7. Name and Address of Current Registered Agent

Name
JULIO VALERA

Street Address (P.O. Box Number is Not Acceptable)
8246 SW 147 CT

City
MIAMI FL Zip Code
33193

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  DATE **11-18-03**

Signature, type or print name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating.)

January 1 - May 1 Fee is \$150.00
After May 1 Fee is \$550.00
Amended UBR is \$61.25
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

TITLE PSTD	NAME JULIO VALERA
STREET ADDRESS 8246 SW 147 CT	
CITY-ST-ZIP MIAMI, FL 33193	
TITLE VICA	NAME DR. JOSE A. RODRIGUEZ E.
STREET ADDRESS 8246 SW 147 CT	
CITY-ST-ZIP MIAMI, FL 33193	
TITLE VICA	NAME RAMON GRULLON
STREET ADDRESS 8246 SW 147 CT	
CITY-ST-ZIP MIAMI, FL 33193	
TITLE	NAME
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	NAME
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	NAME
STREET ADDRESS	
CITY-ST-ZIP	

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

200024854132
11/19/03--01033--011 **\$61.25

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DO NOT WRITE
IN THIS SPACE

TITLE

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STREET ADDRESS

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CITY-ST-ZIP

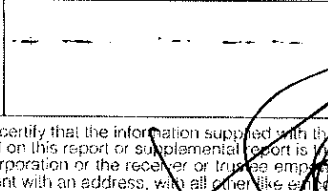
TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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 on an attachment with an address, with all other like entities.

SIGNATURE:  DATE **11-18-03** 305-752-0086

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)

Director

PSTD

Julio Valera

Amended Officers

VICE-PSTD

DR. Jose A. Rodriguez E.

VICE-PSTD

Ramón Grullón

Address

8246 SW 147CT

Miami, Fl 33193

FEI Number 65-1146794

PH 305-752-0086