FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000124445

1. Entity Name
USA BUSINESS GROUP, INC

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
8246 SW 147 CT Suite, Apt. #, etc.	8246 SW 147 CT Suite, Apt. #, etc.
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 _____ 11-18-03
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent's Signature required when reinstating) DATE

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	200024854132 11/19/03--01033--011 **61.25
TITLE VICE PSTD NAME DR. JOSE A. RODRIGUEZ E. STREET ADDRESS 8246 SW 147 CT CITY-ST-ZIP MIAMI, FL 33193	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE VICE PSTD NAME RAMÓN GRULLÓN STREET ADDRESS 8246 SW 147 CT CITY-ST-ZIP MIAMI, FL 33193	TITLE NAME STREET ADDRESS CITY-ST-ZIP **DO NOT WRITE IN THIS SPACE**
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CR2E034B (12/02)

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 empowered.

SIGNATURE: _____ 11-18-03 305-752-0086
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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