

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # *LAS AMERICAS EXPRESS*

1. Entity Name

*P01000108730 U.S.A. SERVICES, INC*

FILED

02 OCT 30 PM 12:40

**DO NOT WRITE IN THIS SPACE**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2. Principal Place of Business

*1930 West 60th*

3. Mailing Address

*1930 W 60 Street*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

*MIAMI, FL*

City & State

*MIAMI, FLORIDA*

4. FEI Number

*651153616*

Applied For

Not Applicable

Zip

*33012*

Country

*USA*

Zip

*33012*

Country

*MIAMI-DADE*

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

*MARGARETH ROSS PERTUZ*

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

*5940 W 20 LANE*

City

*MIAMI*

FL

Zip Code

*33012*

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

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) ☐

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

**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*  
NAME *MARGARETH ROSS PERTUZ*  
STREET ADDRESS *5940 W 20 LANE*  
CITY-ST-ZIP *MIAMI, FL 33012*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**000008810370**  
**11/05/02--01082--015 \*\*150.00**

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

**DO NOT WRITE  
IN THIS SPACE**

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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 on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

TO: FLORIDA DEPARTMENT OF STATE  
ANNUAL REPORT DEPARTMENT  
RE: # P01000108930 (LAS AMERICAS EXPRESS  
USA SERVICE, INC).

Please Note that I'm Sending  
one Hundred fifty Dollars (150.00)  
only, Do to the fact that  
I never Received the  
ANNUAL REPORT, Because  
it was Mailed to the  
INCORRECT ADDRESS, Please  
make Correction in Your  
Records.  
if You have any QUESTIONS Please Call.  
(786) 486-5830

Sincerely Yours