

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2003 8:00 am
Secretary of State

01-31-2003 90374 017 ***150.00

DOCUMENT # P02000046001

1. Entity Name
US FREEDOM, INC.



Principal Place of Business
**6595 N.W. 36 STREET
SUITE 319
VIRGINIA GARDENS FL 33166
US**

Mailing Address
**6595 N.W. 36 STREET
SUITE 319
VIRGINIA GARDENS FL 33166
US**

2. Principal Place of Business
13140 NW 45th AVE

Suite, Apt. #, etc.

3. Mailing Address
13140 NW 45th AVE

Suite, Apt. #, etc.

City & State
OPA-LOCKA, FL

Zip
33054

Country
US

City & State
OPA-LOCKA, FL

Zip
33054

Country
US

4. FEI Number
02-0593913

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES



00014700

6. Name and Address of Current Registered Agent

**RODRIGUEZ, MARIA T
6595 N.W. 36 STREET
SUITE 319
VIRGINIA GARDENS FL 33166**

7. Name and Address of New Registered Agent

Name **MARIA T. Rodriguez**
Street Address (P.O. Box Number is Not Acceptable)
13140 NW 45th AVE
City **OPA-LOCKA** FL Zip Code **33054**

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

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

TITLE **P** ☐ Delete
NAME **RODRIGUEZ, MARIA T**
STREET ADDRESS **6595 N.W. 36 STREET**
CITY-ST-ZIP **VIRGINIA GARDENS FL 33166**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
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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 Block 11 if changed, 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 #

CR2E034 (10/02)