

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

9/11/2003-90083-010-\$150.00-\$150.00

DOCUMENT # P02000058317

1. Entity Name
USARON ENTERPRISES, INC.



FILED

03 SEP 22 AM 11:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
9960 SW 160 STREET
MIAMI FL 33157

Mailing Address
9960 SW 160 STREET
MIAMI FL 33157

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

03-0449601-201812

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HUNTE, SHIRLEY C
9960 SW 160 STREET
MIAMI FL 33157

Name

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

City

FL

Zip Code

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 \$550.00

After September 10, 2003 Fee will be \$750.00
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
NAME HUNTE, SHIRLEY C
STREET ADDRESS 9960 SW 160 STREET
CITY-ST-ZIP MIAMI FL 33157 ☐ Delete

TITLE S
NAME WRIGHT, DIONNE
STREET ADDRESS 16120 SW 98 COURT
CITY-ST-ZIP MIAMI FL 33157 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE TREASURER
NAME NANCY ALLEN
STREET ADDRESS 9960 SW 160 STREET
CITY-ST-ZIP MIAMI, FL 33157-3267 ☐ Change ☒ Addition

TITLE BOARD MEMBER
NAME LYNDONAA WILK
STREET ADDRESS 6143 SW 62TH
CITY-ST-ZIP SOUTH MIAMI, FL 33143 ☐ Change ☒ Addition

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

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

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

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

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 REQUIRED

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/04/03

305-233-8554

Date

Phone

CR2E034 (4/03)

LisaRon Enterprises, Inc

Attachment

9960 SW 160 Street
Miami, Florida 33157
US

Fax 305-234-7739
Home Phone 305-233-8354
Email teja@bellsouth.net

September 09, 2003

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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TO WHOM IT MAY CONCERN:

I have called regarding the fees I am required to pay. However, I have not received the form sent to me previously. I was also informed by my accountant that information regarding shares may have also been sent. I was told to send \$150.00, and my check is enclosed. Please send me any other information. Since this is my first time being incorporated, I was not aware of the fees to be paid. I have not worked the corporation, but plan to do so soon in the future.

Sincerely,

Shirley C. Hunte

Shirley C Hunte