


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

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90306 026 ***150.00

DOCUMENT # P02000070568	
1. Entity Name U.S.B.I. Law Centers, Inc.	

DO NOT WRITE IN THIS SPACE

11029925

2. Principal Place of Business 2001 Palm Bch Lakes Blvd.	3. Mailing Address 2001 Palm Bch Lakes Blvd
Suite, Apt. #, etc. Ste 502	Suite, Apt. #, etc. Ste 502
City & State W. Palm Beach, FL	City & State W. Palm Beach, FL
Zip 33409	Country USA


DO NOT WRITE IN THIS SPACE

4. FEI Number 16-1617435	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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7. Name and Address of Current Registered Agent	
Name Eric Vermilya	
Street Address (P.O. Box Number is Not Acceptable) 2001 Palm Beach Lakes Blvd.	
Ste 502	
City West Palm Beach	State FL
Zip 33409	

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  <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE 4/28/03
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. <input type="checkbox"/> \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE Director, Pres.	TITLE
NAME J. Michael Vermilya	NAME
STREET ADDRESS 2001 Plm Bch Lakes Blvd, #502	STREET ADDRESS
CITY-ST-ZIP W. Palm Beach, FL 33409	CITY-ST-ZIP
TITLE Vice Pres.	TITLE
NAME John H. Myers	NAME
STREET ADDRESS 555 N.E. 15th St., #100	STREET ADDRESS
CITY-ST-ZIP Miami, FL 33132	CITY-ST-ZIP
TITLE Secretary/Treasurer	TITLE
NAME J. Eric Vermilya	NAME
STREET ADDRESS 2001 Plm Bch Lakes Blvd, #502	STREET ADDRESS
CITY-ST-ZIP W. Palm Beach, FL 33409	CITY-ST-ZIP
TITLE	TITLE
NAME	NAME
STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP
TITLE	TITLE
NAME	NAME
STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP

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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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	4-28-03 <small>Date</small>	<small>Daytime Phone #</small>
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CR2E034B (12/02)