## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) 2002DOCUMENT # 80200074755 1. Entity Name GLOBAL USA GROUP CORP S728 MATOR BLUD SUFTE 250 ORLANDO FL 328/9 03 JUL 17 PM 3: 30 SECRETARY OF STATE TALLAHASSEE, FLORIDA DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address \$5728 MA TOR BLUD Suite, Apt. #, etc Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For ORLANDO 22. Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of Current Registered Agent LEJANDAG- MONCH DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE WESTOVER 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 January 1 - May 1, Fee is \$150.00 9. This corporation is eligible to satisfy its Intangible After May 1, Fee Is \$550.00 Amended UBR Is \$61.25 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of States 11. OFFICERS AND DIRECTORS TITLE TITLE LETANDRO MONCAPA 183 WESTOVER, CLUB A NAMÉ NAME 100021622031 07/17/03--01027--010 \*\*150.00 STREET ADDRESS STREET ADDRESS FNDERMENE FL34786 CITY-ST-ZIP 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 DO NOT WRITE CITY - ST - ZIP CITY-ST-ZIP TITLE T(TŁE IN THIS SPACE 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 TITLE NAME NAME : STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 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 otherwise empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/11/63 Date

Daytime Phone in

GLOBAL USA GROUP CORP 5728 MAJOR BLVD SUITE 240 ORLANDO, FL 32819

PLEASE WAIVE THE PENALTY FOR FILING LATE. I AM ENCLOSING A CHECK FOR 150 DOLLARS. I NEVER RECEIVED THE ORIGINAL REPORT.

ALEJANDRO MONCADA