FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91451 031 ***150.00

90127720

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT # P02000088196

1. Entity Name

U.S. SYTEM RADIAL, INC

Principal Place of Business	Mailing Address
3530 MYSTIC Point Dr TOWER 500 APT 2205 AVENTURA Fl 33180	3530

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
		7105 SW 8 ST	
Suite, Apt #, etc.		Suite, Apt. #, etc. 309	
City & State		City & State Miami Fl	
Zip	Country	Zip 33144	Country

4. FEI Number 04-3708012 ☐ Applie ☐ Not Ap

5. Certificate of Status Desired ☐ $8.75 Additio Fee Required

6. Name and Address of Current Registered Agent

HERRERA Hernando
3530 MYSTIC Point Dr
TOWER 500 - APT. 2205
AVENTURA Fl 33180

7. Name and Address of New Registered Agent

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 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 M Added to I

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	
TITLE PD NAME HERRERA HERNANDO STREET ADDRESS 3530 MYSTIC Point Dr TOWER 500 - APT 2205 CITY-ST-ZIP AVENTURA Fl 33180	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐

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 infor 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 d 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 Bl changed, or on an attachment with an address, with all other like empowered

SIGNATURE: [signature] Hernando Herrera 4/30/03 (305) 226-3443
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #