

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90029 049 ***150.00

DOCUMENT # P02000103945

1. Entity Name
U.S INVESTMENTS GROUP, INC



Principal Place of Business
**8131 N.W. 191ST STREET
MIAMI LAKES FL 33015**

Mailing Address
**8131 N.W. 191ST STREET
MIAMI LAKES FL 33015**

2. Principal Place of Business

8131 NW 191ST Miami Lakes, 33015

3. Mailing Address

8131 NW 191ST STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

miami, Florida

City & State

miami, Florida

Zip

33015

Country

USA

Zip

33015

Country

USA

4. FEI Number

59-3765408

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**GOMEZ, MIGUEL A PRES
8131 N.W. 191ST STREET
MIAMI LAKES FL 33015**

7. Name and Address of New Registered Agent

Name

Miguel Gomez

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

8131 NW 191 STREET

City

miami

FL

Zip Code

33015

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 **Miguel Gomez**

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/11/03

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 **GOMEZ, MIGUEL A**
STREET ADDRESS **8131 N.W. 191ST STREET**
CITY-ST-ZIP **MIAMI LAKES FL 33015**

TITLE **VP** ☐ Delete
NAME **GOMEZ, JHONNY**
STREET ADDRESS **8131 N.W. 191ST STREET**
CITY-ST-ZIP **MIAMI LAKES FL 33015**

TITLE **T** ☐ Delete
NAME **GOMEZ, MIGUEL A**
STREET ADDRESS **8131 N.W. 191ST STREET**
CITY-ST-ZIP **MIAMI LAKES FL 33015**

TITLE **S** ☐ Delete
NAME **GOMEZ, JHONNY**
STREET ADDRESS **8131 N.W. 191ST STREET**
CITY-ST-ZIP **MIAMI LAKES FL 33015**

TITLE **D** ☐ Delete
NAME **GOMEZ, MIGUEL A**
STREET ADDRESS **8131 N.W. 191ST STREET**
CITY-ST-ZIP **MIAMI LAKES FL 33015**

TITLE **D** ☐ Delete
NAME **GOMEZ, JHONNY**
STREET ADDRESS **8131 N.W. 191ST STREET**
CITY-ST-ZIP **MIAMI LAKES FL 33015**

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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

4/11/03

Date

954-2606428

Daytime Phone #

CR2E034 (10/02)