2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

P02000106467 **DOCUMENT #**

1. Entity Name

Principal Place of Business

UNITED FINANCIAL USA CORPORATION



FILED Mar 17, 2003 8:00 am § Secretary of State

03-17-2003 90056 044 ***150.00

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Suite, Apt. #, etc. City & State	C/O 407 LINCOLN RD. SUITE 11-L MIAMI BEACH FL 33139 2. Principal Place of Business			C/O 407 LINCOLN RD. SUITE 11-L MIAMI BEACH FL 33139 3. Mailing Address						
Zep Country Zip Country S. Certificate of Status Dealed St.75 Additional Peo FActional Peo Facquired Agent T. Name and Address of Current Registered Agent T. Name and Address of New Registered Agent T. Name and Address T.	Suite, Apt. #, etc.			Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES			
S. Certificate of Status Desired \$8.75 Additional peaced \$8.75 Add	City & State			City & State			4. FEI Number Applied For Not Applied For Not Applied For			
ODELLA, NELSON 407 LINCOLN RD. SUITE 11-L MIAMI BEACH FL 33139 5. The above named entity submitts 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, food or prived remote registered agent. FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/OHANGESTO OFFICERS AND DIRECTORS IN 11 BILE NAME OFFICER AND DIRECTORS IN 11 BILE NAME OFFICER AND DIRECTORS IN 11 BILE NAME STREET ADDRESS OTTY-ST-2P MIAMI BEACH FL 33139 Delete TITLE NAME STREET ADDRESS OTTY-ST-2P MIAMI BEACH FL 33139 Delete TITLE OC 407 LINCOLN RD, STE 11-L MIAMI BEACH FL 33139 Delete TITLE NAME STREET ADDRESS OTTY-ST-2P TITLE NAME STREET ADDRES	Zip		Country	Zip Countr					\$8.75 Additional	
Street Address (P.O. Box Number is Not Acceptable) City		6. Name	and Address of Current R	egistered Agent			7. Name and Address of New F	legistered Agent		
MIAMI BEACH FL 33139 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature										
B. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent. SignATURE						City Zip Code				
FILE NOW!!! FEE IS \$150.00 Atter May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IT IL ITILE NAME OTTY-ST-2IP TITLE NAME STREET ADDRESS OTTY-ST-2IP TITLE SD ODELLA, NELSON ODELLA, NELSON ODELLA, NELSON ODELLA, NELSON ODELLA, NELSON ODELLA, NELSON ODELLA NAME STREET ADDRESS OTTY-ST-2IP TITLE ODELLA NAME STREET ADDRESS OTTY-ST-2IP TITLE ODELLA Change Addition Addition Addition Change	8. The above the obligate	named entity	submits this statement for greed agent.	the purpose of changing its	registered office	ce or registered	agent, or both, in the State of Flo		ith, and accept	
After May 1, 2003 Fee will be \$550.00 May Be Make Check Payable to Florida Department of State 10.	SIGNATURE .		or printed name of registered agent an	d title if applicable. (NOTI	E: Registered Agent	signature required wh	en reinstating)	DATE		
TITLE NAME CHAHIA, ROBERTO CHAHIA, ROBERTO COPY-ST-ZIP TITLE NAME COPY-ST-ZIP TITLE NAME STREET ADDRESS COPY-ST-ZIP TITLE NAME STREE	After Make Check	r May 1, 200	3 Fee will be \$550.00 Florida Department of 9				Trust Fund Contributio	ın. 🗆 Ad	ided to Fees	
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	NAME STREET ADDRESS	·		☐ Delete	NAME STREET ADDRE	ss		☐ Chang	e Addition	

12. I hereby certify that, the information supplied with this filling 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:

301) 531-0909

Daytime Phone #