FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 DEC -4 AM 11:14

DOCUMENT # P02000109723

1. Entity Name

U.S.A.-B.R. CONTRACTORS, INC

DO NOT WRITE IN THIS SPACE

REINSTATEMENT 03

2. Principal Place of Business	3. Mailing Address
5831 BENT PINE DR	
Suite, Apt. #, etc. #102	Suite, Apt. #, etc.
City & State ORLANDO FL	City & State
Zip 32822 Country ORANGE	Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3677771 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: DA SILVA OLIVEIRA S.

Street Address (P.O. Box Number Not Acceptable): 5831 BENT PINE DR #102

City: ORLANDO FL Zip Code: 32822

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: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P.	
NAME DA SILVA, OLIVEIRA S	
STREET ADDRESS 5831 BENT PINE DR #102	
CITY-ST-ZIP ORLANDO FL 32822	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000025-127770
12/11/03--01064--001 **150.00

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CR2E034B (12/02)

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32314

Per instructions from Division of Corporations, I am attaching a check in the amount of $ 150.00 for the annual report fee with my application.

We did not receive the U.B.R., for the year 2003, or any other notice from the Division of Corporations in respect with the Corporation **U.S.A BR CONTRACTORS INC**

Thank you for your courtesy in this matter.

OLIVEIRA SEVERO DA SILVA
PRESIDENT