

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90065 042 ***150.00

DOCUMENT # P02000110681

1. Entity Name
EASTERN U.S.A. REALTY INC.



Principal Place of Business
490 SE THANKSGIVING AVE
PORT ST LUCIE FL 34984

Mailing Address
490 SE THANKSGIVING AVE
PORT ST LUCIE FL 34984



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

11-3668489

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NAPOLION, ELIMA
490 SE THANKSGIVING AVE
PORT ST LUCIE FL 34984

Name **Odetta Napoleon**
Street Address (P.O. Box Number is Not Acceptable)
490 SE Thanksgiving Ave

City **Port St Lucie** **FL** Zip Code **34984**

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 **ELIMA Napoleon**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **1/16/03**

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 **\$5.00 May Be**
Trust Fund Contribution. ☐ **Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **NAPOLION, ELIMA**
STREET ADDRESS **490 SE THANKSGIVING AVE**
CITY-ST-ZIP **PORT ST LUCIE FL 34984**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V** ☐ Delete
NAME **ALTIDOR, MARJORIE**
STREET ADDRESS **8251 NE 12 AVE**
CITY-ST-ZIP **MIAMI FL 33138**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **ST** ☒ Delete
NAME **JEAN, SAMUEL**
STREET ADDRESS **14915 NE 6 PL**
CITY-ST-ZIP **MIAMI FL 33161**

TITLE ☐ Change ☒ Addition
NAME **Odetta Napoleon**
STREET ADDRESS **490 SE Thanksgiving Ave**
CITY-ST-ZIP **Port St Lucie Fl 34984**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01/16/03 786 277 5787

CR2E034 (10/02)