FILED
Aug 04, 2003 8:00 am
Secretary of State
06-09-2003 90121 031 ***150.00

6/97

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000112452

1. Entity Name
US·A·SUPERMARKET AND CAFE. INC

55053131

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address	4. FEI Number	Applied For
12425NW 7 AVE	12425 N.W. 7 AVE.	51-0436397	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
MIAMI FL. 33168			
City & State	City & State	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
Zip / Country	MIAMI FLO.		
	Zip 33168 / Country OF DADE		

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7. Name and Address of Current Registered Agent

Name: SECURA, DERAVIL

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

12425 N.W. 7TH AVENUE.

City: MIAMI FL Zip Code: 33168

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: _____ DATE: 6-19-03

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

~~January 1, 2003 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	PRESIDENT
NAME	DERAVIL SECURA
STREET ADDRESS	14790 NE 11th AVE
CITY-ST-ZIP	N. MIAMI FL. 33161
TITLE	V.
NAME	OLDINE, DERAVIL
STREET ADDRESS	14790 NE 11th AVE
CITY-ST-ZIP	N. MIAMI FL. 33161
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

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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: _____ 04/25/03

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