2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT

P02000112648

1. Entity Name

USA GLOBAL SOLUTION, INC.



Principal Place of Business Mailing Address 7508 SAVANNA GRAND AVE APT 7103 7508 SAVANNA GRAND AVE APT 7103 WINTER PARK FL 32792 WINTER PARK FL 32792 2. Principal Place of Business 7508 Savannah 3. Mailing Address AVE 7508 Savannah Grand Ave Grand Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES #7103 4. FEI Number Applied For City & State Winter 27-0037598 Park F٢ Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Oranoe Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ROJAS, XAVIER E Street Address (P.O. Box Number is Not Acceptable) 7508 SAVANNA GRAND AVE APT 7103 WINTER PARK FL 32792 Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Addition TITLE ☐ Delete TITLE ROJAS, XAVIER E NAME NAME 7508 SAVANNA GRAND AVE APT 7103 STREET ADDRESS STREET ADDRESS WINTER PARK FL 32792 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP-CITY-ST-7IP Change ☐ Addition □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

Delete

Change

☐ Addition

Apr 09, 2003 8:00 am \$ Secretary of State \$ 04-09-2003 00109 015

FILED