

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90972 001 \*\*\*150.00

**DOCUMENT #**

1. Entity Name

USAEX, INC.

P02000121233



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

6312 US Hwy 301 North

Suite, Apt. #, etc.

#230

3. Mailing Address

6312 US Hwy 301 North

Suite, Apt. #, etc.

#230

DO NOT WRITE IN THIS SPACE

City & State

Ellenton, FL

City & State

Ellenton, FL

Zip

34222

Country

Zip

34222

Country

4. FEI Number

X 06-1658047

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Eduardo Escuza

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

3216 92<sup>nd</sup> Avenue East

City

Parrish

FL

34222

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.

EDUARDO ESCUZA

(NOTE: Registered Agent signature required when reinstating)

4-28-2003

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D

Eduardo Escuza

3216 92<sup>nd</sup> Avenue East

Parrish, FL 34222

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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

EDUARDO ESCUZA

4-28-2003

Date

Daytime Phone #

CR2E034B (12/02)