

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 31, 2003 8:00 am**  
**Secretary of State**

03-31-2003 90301 034 \*\*\*150.00

**DOCUMENT # P02000135180**

1. Entity Name  
**NURSE U.S.A INC.**



Principal Place of Business  
**3100 RIVERSIDE DR.  
# 210  
CORAL SPRING FL 33065**

Mailing Address  
**3100 RIVERSIDE DR.  
# 210  
CORAL SPRING FL 33065**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

**6085 BOCA COLONY DR. #924**

Suite, Apt. #, etc.

**6085 BOCA COLONY DR. #924**

City & State

**BOCA RATON FL, 33433**

City & State

**BOCA RATON FL, 33433**

Zip

**33433**

Country

**PALM BEACH**

Zip

**33433**

Country

**PALM BEACH**

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

Applied For

☒ Not Applicable

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

**LU, LIBO PRESIDE  
3100 RIVERSIDE,  
#210  
CORAL SPRING FL 33065**

Name

**LIBO LU**

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

**6085 BOCA COLONY DR. #924**

City

**BOCA RATON**

**FL**

Zip Code

**33433**

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)

**3-25-2003**

DATE

**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  
Trust Fund Contribution.

**\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**General Manager**  
**LIBO LU**  
**6085 BOCA COLONY DR. #924**  
**BOCA RATON FL, 33433**

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

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☐ Change ☐ Addition

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 another like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**3-25-03 561-504-4218**

CR2E034 (10/02)