

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90099 023 \*\*\*150.00

DOCUMENT # P04000058632

1. Entity Name  
UNITED USA, INC



Principal Place of Business  
1800 SW 9TH ST  
FORT LAUDERDALE, FL 33312 US

Mailing Address  
1800 SW 9TH ST  
FORT LAUDERDALE, FL 33312 US

40075836



2. Principal Place of Business - No P.O. Box #  
1800 SW 9 ST

3. Mailing Address  
1800 SW 9 ST

Suite, Apt. #, etc.  
Unit # E

Suite, Apt. #, etc.  
Unit # E

City & State  
Fort Lauderdale, FL

City & State  
Fort Lauderdale, FL

Zip  
33312

Country  
Broward

Zip  
33312

Country  
Broward

04172008 Chg-P CR2E034 (12/06)

4. FEI Number  
20-0975726

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

CLAVIJO, MIGUEL A  
1800 SW 9 ST  
FORT LAUDERDALE, FL 33312

## 7. Name and Address of New Registered Agent

Name  
Miguel A. Clavijo

Street Address (P.O. Box Number is Not Acceptable)  
1800 SW 9 ST, Unit # E

City  
Fort Lauderdale

FL

Zip Code  
33312

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 4/17/08

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

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	<input type="checkbox"/> Delete
P	CLAVIJO, MIGUEL A	1800 SW 9 ST	FORT LAUDERDALE, FL 33312	<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
P	CLAVIJO, MIGUEL A	1800 SW 9 ST, Unit # E	Fort Lauderdale, FL 33312	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/08

Date

454-616-0502

Daytime Phone #