

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

FILED
Aug 22, 2006 8:00 am
Secretary of State

08-08-2006 90001 020 ***150.00

DOCUMENT # P05000116741

Entity Name
USA INVESTMENTS & INSURANCE ADVISORS
5500 BEE RIDGE RD SUITE 105 INC
SARASOTA, FL. 34233-1502

DO NOT WRITE IN THIS SPACE

1. Principal Place of Business 5500 BEE RIDGE RD		3. Mailing Address SAME	
Suite Apt. # etc. 105		Suite Apt. # etc.	
City & State SARASOTA, FL.		City & State	
Zip 34233	COUNTRY SARASOTA	Zip 34233	COUNTRY

4. FEI Number 030567983	Applied Fee Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

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7. Name and Address of Current Registered Agent	
Name: GABRIEL ALVARINO	
Street Address (P.O. Box Number is Not Acceptable) 5500 BEE RIDGE RD SUITE 105	
City SARASOTA	FL Zip 34233

The above named entity submits to the Department of State, its officers and directors, its registered office or registered agent, or both, in the State of Florida.

SIGNATURE *Gabriel Alvarino* **DATE** 7/31/06
GABRIEL ALVARINO

This corporation is liable to pay its franchise fee of \$150.00 per year, plus a fee of \$5.00 per year for each additional officer or director, and a fee of \$5.00 per year for each additional registered agent or registered office. The fee is payable to the Department of State.

10. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

OFFICERS AND DIRECTORS

1	PRESIDENT 5500 BEE RIDGE RD SUITE 105 SARASOTA, FL. 34233	TITLE PRESIDENT	STREET ADDRESS 5500 BEE RIDGE RD SUITE 105	CITY SARASOTA	FL	ZIP 34233
2		TITLE	STREET ADDRESS	CITY	FL	ZIP
3		TITLE	STREET ADDRESS	CITY	FL	ZIP
4		TITLE	STREET ADDRESS	CITY	FL	ZIP
5		TITLE	STREET ADDRESS	CITY	FL	ZIP
6		TITLE	STREET ADDRESS	CITY	FL	ZIP
7		TITLE	STREET ADDRESS	CITY	FL	ZIP
8		TITLE	STREET ADDRESS	CITY	FL	ZIP
9		TITLE	STREET ADDRESS	CITY	FL	ZIP

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IN THIS SPACE**

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(b), Florida Statutes. I further certify that the information is accurate and complete 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 and that the information is true and correct. The report is required by Chapter 601, Florida Statutes, and that my name appears in Block 11 of this report.

SIGNATURE: *Ronald Hodgkinson* **DATE** 7/31/2006
RONALD HODGKINSON **INC OFFICER OR DIRECTOR**

CR2F034B (12/01)