

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000135922

1. Entity Name
UNITED SOLUTION SERVICE CORP.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 MAY 15 PM 12:51

Principal Place of Business
12500 NE 8 AVE., SUITE 4
NORTH MIAMI BEACH, FL 33161

Mailing Address
12500 NE 8 AVE., SUITE 4
NORTH MIAMI BEACH, FL 33161

2. Principal Place of Business - No P.O. Box #

19141 NW 57 CT

Suite, Apt. #, etc.

3. Mailing Address

19141 NW 57 CT

Suite, Apt. #, etc.



05142008 REIN-P CR2E098 (1/07)

City & State
MIAMI FL

Zip
33015

Country

City & State
MIAMI FL

Zip
33015

Country

4. FEI Number
42-1715973

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PEREZ, YISSEL
12500 NE 8 AVE SUITE 4
NORTH MIAMI BEACH, FL 33161

7. Name and Address of New Registered Agent

Name

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

19141 NW 57 CT

City

MIAMI

FL

Zip Code

33015

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)

DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
PEREZ, YISSEL
12500 NE 8 AVE SUITE 4
NORTH MIAMI BEACH, FL 33161 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
19141 NW 57 CT ☒ Change ☐ Addition
MIAMI FL 33015

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
000129591510 ☐ Change ☐ Addition
05/15/08--01004--020 **300.00

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
REINSTATEMENT 07-08 ☐ Change ☐ Addition

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

Date

Daytime Phone #