## FILED May 14, 2001 8:00 am Secretary of State 05-14-2001 90093 045 \*\*\*150.00

## **2001 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P93000003143** 

USA CONSULTING ENTERPRISES, INC.

Principal Plac	e of Business		Mailing Address								
13345 SW 61ST STREET Miami FL 33183			13345 SW 61ST STREET MIAMI FL 33183								
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2. Principal Place of Business			3. Mailing Address			$\neg$					
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State			City & State			4.	FEI Number	65-031928	15	<u> </u>	oplied For ot Applicable
Zip Country			Zip Country			5.	5. Certificate of Status Desired   \$8.75 Additional Fee Required				
		7. Name and Address of New Registered Agent									
	Name										
1334	AVERA, ROBER 15 SW 61ST ST				Street Address (P.O. Box Number is Not Acceptable)						
MIAN	AI FL 33183		·		City			_ <del>_</del> .	FL	Zip Cod	e
		· · · · · · · · · · · · · · · · · · ·							<u> </u>		
8. The above	named entity su	bmits this statement for t	he purpose of changing its r	egistere	d office or regis	stered a	igent, or both, it	n the State of Fl	orida.		
SIGNATURE .	Signature, typed or pri	nted name of registered agent and	title if applicable. (NOTE:	Registered	l Agent signature requ	uired when	reinstating)		DATE		
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)			FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of Sta				1	n Campaign Fil Fund Contributio			<b>0</b> May Be I to Fees
11.	<del></del>	OFFICERS AND D	RECTORS	12.		A	DDITIONS/CH	ANGES TO OFF	FICERS AND	DIRECTOR	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TALAVERA, R 13345 SW 61	ST ST	☐ Delete		1					☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MIAMI FL 331	63	☐ Delete	TITLE NAME STREE						Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	Delete					-		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete							Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete							☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		·	☐ Delete		J					☐ Change	Addition

13. 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 11 or Block 12 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