FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

08-18-2003 90171 009 ***158.75
P93000034104
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 AUG 18 PM 12:24

DOCUMENT # P93000034104

1. Entity Name
U. S. CONTRACTING GROUP, INC.

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
6400 S.W. 43rd St.	6400 S.W. 43rd St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI, FL.	City & State: Miami, Fl.
Zip: 33155 Country: USA	Zip: 33155 Country: U.S.A.

4. FEI Number ☐ Applied For ☐ 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: CARIDAD MESA

Street Address (P.O. Box Number is Not Acceptable): ~~2943 Bird Ave.~~ Coconut Grove Fl. 33133

City: ~~Coconut Grove~~ FL Zip Code: 33133

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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1st - May 1: Fee is $150.00
After May 1: Fee is $550.00
Amended UBR is $61.25
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

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CARIDAD MESA 6400 SW 43rd ST Miami, FL	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP 2943 Bird Ave Coconut Grove Fl. 33133
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Olinda Mesa 6400 SW 43rd St Miami, FL	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP 2943 Bird Ave Coconut Grove Fl. 33133
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		DO NOT WRITE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		IN THIS SPACE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Caridad Mesa Caridad Mesa 7-24-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #