

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000086369

1. Entity Name

US-PRESS, INC.

FILED
May 22, 2000 8:00 am
Secretary of State

05-22-2000 90012 043 ***150.00

Principal Place of Business

Mailing Address

3610 DANA SHORES DRIVE
 SUITE 101
 TAMPA FL 33634

PO BOX 26533
 TAMPA FL 33623-6533

2. Principal Place of Business

5700 Memorial Hwy

3. Mailing Address

Suite, Apt. #, etc.

Suite 205

Suite, Apt. #, etc.

City & State

TAMPA FL

City & State

4. FEI Number

59-3226680

Applied For

Not Applicable

Zip

33615

Country

U.S.A.

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

PARDO, MONICA
 3610 DANA SHORES DR., SUITE 101
 TAMPA FL 33634

7. Name and Address of New Registered Agent

Name

MONICA PARDO

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

5700 MEMORIAL Hwy Suite 205

City

TAMPA FL

FL

Zip Code

33615

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.

SIGNATURE

Monica Pardo

MONICA PARDO / Director

4/28/00

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

(NOTE: Registered Agent signature required 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, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	PARDO, MONICA	3610 DANO SHORES DR	TAMPA FL	<input type="checkbox"/>
P	PARDO, PATRICIA	3610 DANA SHORES DR	TAMPA FL	<input type="checkbox"/>
VF	PEREZ, CRISTINO L	1109 W WATERS AVE STE A	TAMPA FL 33604	<input checked="" type="checkbox"/>
VO	PARDO, VENANCIO	3610 DANA SHORES DR	TAMPA FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

Monica Pardo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/00

Date

813-290-0113

Daytime Phone #

CR2E034 (9/99)