

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000086369

1. Entity Name
US-PRESS, INC.



FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90478 050 ***158.75

0466308 AV

Principal Place of Business
5700 MEMORIAL HWY
SUITE 205
TAMPA FL 33615

Mailing Address
PO BOX 26533
TAMPA FL 33623-6533



2. Principal Place of Business
5700 Memorial Hwy

3. Mailing Address
5700 Memorial Hwy

Suite, Apt. #, etc.
Suite 201

Suite, Apt. #, etc.
Suite 201

City & State
TAMPA FL

City & State
TAMPA FL

Zip
33615

Country
U.S.A

Zip
33615

Country
U.S.A

4. FEI Number 59-3226680

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
PARDO, MONICA
5700 MEMORIAL HWY SUITE 205 201
TAMPA FL 33615

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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	D	<input type="checkbox"/> Delete
NAME	PARDO, MONICA	
STREET ADDRESS	3610 DANO SHORES DR	
CITY-ST-ZIP	TAMPA FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	PARDO, PATRICIA	
STREET ADDRESS	3610 DANA SHORES DR	
CITY-ST-ZIP	TAMPA FL	
TITLE	VO	<input type="checkbox"/> Delete
NAME	PARDO, VENANCIO	
STREET ADDRESS	3610 DANA SHORES DR	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Monica Pardo MONICA PARDO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/03 (813) 290-0113
Date Daytime Phone #

CR2E034 (10/02)