


**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 13, 2004 8:00 am**  
**Secretary of State**

04-13-2004 90010 049 \*\*\*150.00

DOCUMENT # P94000005129	
1. Entity Name <b>US TAB, INC.</b>	

**DO NOT WRITE IN THIS SPACE**

**54032252**

2. Principal Place of Business <b>2369 NW 149th Street</b> Suite, Apt. #, etc.	3. Mailing Address <b>2369 NW 149th Street</b> Suite, Apt. #, etc.
--	--

DO NOT WRITE IN THIS SPACE

City & State <b>OPA LOCKA, FL</b>	City & State <b>OPA LOCKA, FL</b>
Zip <b>33054</b>	Country <b>US</b>
Zip <b>33054</b>	Country <b>US</b>

4. FEI Number <b>65-0461557</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name <b>Gerri Nelson</b>	
Street Address (P.O. Box Number is Not Acceptable) <del>19561 Cypress Court</del>	
<b>HIALEAH, FL 33015</b>	
City <b>HIALEAH</b>	FL Zip Code <b>33015</b>

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 *Gerri Nelson* **April 7, 2004**  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**January 1 - 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. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
--	------------------------------------

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President Leonard A. Burt Jr. 19561 Cypress Court HIALEAH, FL 33015</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>MEMBER</del> -S-T-V <b>Gerri Nelson 19561 Cypress Court Hialeah, FL 33015</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director Samuel C. Rodriguez 18130 NW 81st Court Palm Springs North, FL 33015</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

CR2E034B (12/02)

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: *Leonard A. Burt Jr.* **Leonard A. Burt Jr. President 4-7-2004 305-681-3539**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #