2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT# Apr 21, 2000 8:00 am Secretary of State 1. Entity Name USA Associates, Inc. 04-21-2000 90096 004 \*\*\*150.00 Mailing Address Principal Place of Business 2133 N. Dixie Hwy 2133 N. Dixie Hwy Ft. Lauderdale, FL 3330 Ft. Lauderdale, FL 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0516332 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Frank Hughes Street Address (P.O. Box Number is Not Acceptable) 2133 N. Dixie Hwy 33305 Ft. Lauderdale, 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. Frank Hughes (NOTE. Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees

(See Chiefa Chi Dack)			
11.	OFFICERS AND DIRECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE	D 🔀 Delete	TITLE	D Change X Addition
NAME STREET ADDRESS - CITY-ST-ZIP	Vallier, Debbie A. 2455 E. Sunrise Blvd, Ste 30 Ft. Lauderdale, FL 33304	9 NAME STREET ADDRESS CITY-ST-ZIP	Carruthers, David 2133 N. Dixie Hwy Ft. Lauderdale, FL 33305
TITLE NAME STREET ADDRESS CHY-ST-ZIP	D	TITLE NAME  STREET ADDRESS CITY-ST-ZIP	, ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Delete Ellis, William 2133 N. Dixie Hway Ft. Lauderdale, FL 33305	TITLE , NAME STREET ADDRESS CITY-ST-ZIP	` Change
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Delete  Hughes, Frank  2133 N. Dixie Hwy  Ft. Lauderdale, FL 33305	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE	Delete	TITLE	☐ 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.

STREET ADDRESS

CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

<u>Frank Hughes</u>

954)565-6940

CR2E034 (9/99)