

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2000 8:00 am
Secretary of State
 04-26-2000 90191 041 ***150.00

DOCUMENT # P95000012192 (7)
Entity Name
CERTIFIED INVESTMENT (U.S.A.) , INC.

Principal Place of Business
 44 Brickell Ave.
 Suite 51-400
 Miami, FL 33131

Mailing Address
 c/o Jonathan J. Lichtman, PA
 4800 N. Federal Hwy., D-100
 Boca Raton, FL 33431

Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 4800 N. Federal Hwy.
 Suite, Apt. #, etc.
 Suite D-100

City & State
 Boca Raton, FL 33431

Zip 33431 **Country** USA

0073874

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0554662 **Applied For** Not Applicable

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

6. Name and Address of Current Registered Agent
 JONATHAN J. LICHTMAN, P.A.
 4800 N. FEDERAL HWY., SUITE D-100
 BOCA RATON FL 33431

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

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

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
11. OFFICERS AND DIRECTORS 1. Name PSTD 2. Address Daryanani, Jayantkumar P c/o 444 Brickell Ave., Ste. 51-400 Miami, FL 33131 <input type="checkbox"/> Delete	3. Title <input type="checkbox"/> Change <input type="checkbox"/> Addition	1. Name 2. Address 3. Title	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	1. Name 2. Address 3. Title	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	1. Name 2. Address 3. Title	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Jonathan J. Lichtman, Attorney-in-Fact

Date: 4/17/00 (581) 447-0017