

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000003667

1. Entity Name

U.S.A. BUYING OFFICE, INC.

FILED

Mar 20, 2001 8:00 am
Secretary of State

03-20-2001 90040 037 ***150.00

Principal Place of Business

Mailing Address

3400 NE 192ND STREET
SUITE 605
AVENTURA FL 33180
US

3400 NE 192ND STREET
SUITE 605
AVENTURA FL 33180
US

C0035763



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

3103

3103

DO NOT WRITE IN THIS SPACE

City & State
AVENTURA FL

City & State
AVENTURA FL

4. FEI Number 65-0634476

Applied For
Not Applicable

Zip
33180

Country

Zip
33180

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BLACHMAN, GUSTAVO
3400 NE 192ND STREET
SUITE 605
AVENTURA FL 33180

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.

SIGNATURE

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PT
BLACHMAN, GUSTAVO
3400 NE 192ND STREET, SUITE 605
AVENTURA FL 33180 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPS
BLACHMAN, MARINA
3400 NE 192ND STREET, SUITE 605
AVENTURA FL 33180 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

03/15/01

CR2E034 (10/00)