

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000015142

1. Entity Name

USA MESSAGE, INC.

FILED
Mar 05, 2001 8:00 am
Secretary of State

03-05-2001 90079 029 ***150.00

Principal Place of Business

2611 N. HIATUS ROAD
SUITE 151
COOPER CITY FL 33026

Mailing Address

2611 N. HIATUS ROAD
SUITE 151
COOPER CITY FL 33026

2. Principal Place of Business

4611 S. UNIVERSITY DR

3. Mailing Address

4611 S. UNIVERSITY DR

Suite, Apt. #, etc.

#402

Suite, Apt. #, etc.

#402

City & State

DAVIE FLORIDA

City & State

DAVIE FLORIDA

Zip

33328

Country

Zip

33328

Country

4. FEI Number

65-0643922

Applied For

Not Applicable

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

MILLER, BONNIE S CPA
9050 PINES BLVD
STE 384
PEMBROKE PINE FL 33024

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 PD ☐ Delete
NAME SHAPIRO, ALICE
STREET ADDRESS 2611 N. HIATUS ROAD, #151
CITY-ST-ZIP COOPER CITY FL 33026 *new address*

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS 4611 S. UNIVERSITY DRIVE #402
CITY-ST-ZIP DAVIE FL 33328

TITLE VD ☐ Delete
NAME FEDERICI, SANDRA
STREET ADDRESS 2611 N. HIATUS ROAD, #151
CITY-ST-ZIP COOPER CITY FL *new address*

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS 4611 S. UNIVERSITY DRIVE #402
CITY-ST-ZIP DAVIE FL 33328

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

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

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 #

CR2E034 (10/00)