

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90144 021 ***150.00

DOCUMENT # P96000021748

1. Entity Name
TRUST U.S.A. FINANCIAL CORP.



Principal Place of Business
**1550 MIAMI GARDENS DR
STE 500
N MIAMI BEACH FL 33179
US**

Mailing Address
**1550 MIAMI GARDENS DR
STE 500
N MIAMI BEACH FL 33179
US**

11012430



2. Principal Place of Business
1550 NE Miami Gardens Drive

3. Mailing Address
1550 NE Miami Gardens Dr.

Suite, Apt. #, etc.
Suite 200

Suite, Apt. #, etc.
Suite 200

City & State
N. Miami Beach, FL

City & State
N. Miami Beach, FL

Zip
33179

Country
USA

Zip
33179

Country
USA

4. FEI Number
65-0651638

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

**DAVIDSON, RON
1550 NE MIAMI GARDENS DR
NORTH MIAMI BEACH FL 33179**

Name, **Ron Davidson**
Street Address (P.O. Box Number is Not Acceptable)
1550 NE Miami Gardens Drive, Suite 200
City **N. Miami Beach** FL Zip Code **33179**

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 DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **DAVIDSON, HILAS**
STREET ADDRESS **1550 NE MIAMI GARDENS DR, STE 500**
CITY-ST-ZIP **N MIAMI BEACH FL 33179**

TITLE **PD** ☒ Change ☐ Addition
NAME **Hila Davidson**
STREET ADDRESS **1650 NE Miami Gardens Drive, Suite 200**
CITY-ST-ZIP **N. Miami Beach, FL 33179**

TITLE **STD** ☐ Delete
NAME **DAVIDSON, RON**
STREET ADDRESS **1550 NE MIAMI GARDENS DR, STE 500**
CITY-ST-ZIP **N MIAMI BEACH FL 33179**

TITLE **STD** ☒ Change ☐ Addition
NAME **RON Davidson**
STREET ADDRESS **1550 NE Miami Gardens Drive, Suite 200**
CITY-ST-ZIP **N. Miami Beach, FL 33179**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 Block 11 if changed, or on an attachment with an address, with an other like empowered.

SIGNATURE: **4/21/03** **305-945-5624**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)