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FILED

May 27 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000067134 (2)

1. Corporation Name
U.S. 2000, INC.

Principal Place of Business

8323 LAKE DRIVE
SUITE M-306
MIAMI FL 33166

Mailing Address

8323 LAKE DRIVE
SUITE M-306
MIAMI FL 33166-7752



2. Principal Place of Business

21 8160 Geneva Ct.

Suite, Apt. #, etc.

22 Suite A-407

City & State

23 Miami, FL

Zip

24 33166

Country

25

2a. Mailing Address

26 8160 Geneva Ct.

Suite, Apt. #, etc.

27 Suite A-407

City & State

28 Miami, FL

Zip

29 33166

Country

30

3. Date Incorporated or Qualified

08/13/1996

3a. Date of Last Report

4. FEI Number

65-0695465

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

BALDI, MIRIAM
8323 LAKE DRIVE
SUITE M-306
MIAMI FL 33166

10. Name and Address of New Registered Agent

81 Name

Almeida, Sergio

82 Street Address (P.O. Box Number is Not Acceptable)

83

8160 Geneva Ct., Apt. A-407

84 City

Miami

FL

85 Zip Code

33166

11. Pursuant to the provisions of Sections 607.0512 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE STD ☒ DELETE

NAME BALDI, MIRIAM
STREET ADDRESS 8323 LAKE DRIVE SUITE M-306
CITY, ST, ZIP MIAMI M-306 FL 33166

TITLE PD ☒ DELETE

NAME GONCALVES, ADILSON
STREET ADDRESS 8160 GENEVA CT. APT. A-407
CITY, ST, ZIP MIAMI FL 33166

TITLE D/P/T/S ☐ DELETE

NAME Almeida, Sergio
STREET ADDRESS 8160 Geneva Ct., Apt. A-407
CITY, ST, ZIP Miami, FL 33166

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do 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 annual report or supplemental annual 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 recorder or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(305) 592-2853

Date

Daytime Phone #

CR2E034 (9/96)