

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000092333
Entity Name
Commerce USA, Inc.

FILED
Mar 06, 2000 8:00 am
Secretary of State
03-06-2000 90053 001 ***150.00

1. Principal Place of Business
1160 NW 36th Ave
Ste 300B
Miami, FL 33147

2. Mailing Address
7160 NW 36th Ave
Ste 300B
Miami, FL 33147

3. Principal Place of Business
444 Brickell Avenue
Suite, Apt. #, etc.
750A

3. Mailing Address
444 Brickell Avenue
Suite, Apt. #, etc.
750A

City & State
Miami, Florida

City & State
Miami, Florida

Zip
33131

Country

Zip
33131

Country

4. FEI Number
050707201

Applied For
Not Applicable

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

80033550

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
Millennia Consulting Services
444 Brickell Ave Suite 750
Miami, FL 33131

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)

02/28/00

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
11. OFFICERS AND DIRECTORS	R Campos Joao Moura 444 Brickell Ave Suite 750 Miami, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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] PRESIDENT
Date: Feb 28 2000
Daytime Phone #

CR2E034 (9/99)