

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 05, 2003 8:00 am**  
**Secretary of State**

02-05-2003 90180 029 \*\*\*150.00

DOCUMENT # P96000092333

1. Entity Name

Commerce USA Inc.

**DO NOT WRITE IN THIS SPACE**

**22003422**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2630 NE 203 <sup>RD</sup> ST		3. Mailing Address 2630 NE 203 <sup>RD</sup> ST	
Suite, Apt. #, etc. 106		Suite, Apt. #, etc. 106	
City & State Aventura Florida		City & State Aventura Florida	
Zip 33180	Country	Zip 33180	Country

4. FEI Number 65-0707201	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent...	
Name Millennia Consulting Services Inc.	
Street Address (P.O. Box Number is Not Acceptable) 2630 NE 203 <sup>RD</sup> ST.	
Suite 106	
City Aventura	FL Zip Code 33180

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

02/03/2003

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**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**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	R Jose Roberto Baptista 2630 Hayes Street Hollywood FL 33020	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Joao Moura Campos 2630 Hayes Street Hollywood FL 33020	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other the empowered.

**SIGNATURE:**

SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

02/03/03

CR2E034B (12/01)