

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2002 8:00 am
Secretary of State
 02-27-2002 90072 012 ***150.00

DOCUMENT # P97000002110

1. Entity Name
USC HOLDINGS INC.

Principal Place of Business
9560 SOUTHWEST 166TH AVE.
MIAMI FL 33196

Mailing Address
9560 SOUTHWEST 166TH AVE.
MIAMI FL 33196



2. Principal Place of Business
8190 SW 78 street.

3. Mailing Address
Same

Suite, Apt. # etc.
N/A.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Miami, Florida.

City & State

4. FEI Number **65-0752751**

Applied For
 Not Applicable

Zip
33143

Country
U.S.

Zip

Country

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

REYES, ABRAHAM E
9560 SOUTHWEST 166TH AVE.
MIAMI FL 33196

Name **Abraham E. Reyes**

Street Address (P.O. Box Number is Not Acceptable)
8190 SW 78 street

City **Miami** **FL** Zip Code **33143**

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, 2002 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 **P** ☐ Delete
 NAME **REYES, ABRAHAM E**
 STREET ADDRESS **9560 SOUTHWEST 166TH AVE.**
 CITY-ST-ZIP **MIAMI FL 33196**

TITLE **President** ☒ Change ☐ Addition
 NAME **Abraham E. Reyes**
 STREET ADDRESS **8190 SW 78 street**
 CITY-ST-ZIP **Miami FL 33143**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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 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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-11-02 305-215-5717

Date

Daytime Phone #

CP2034 (9/01)