

FILED
May 01, 2002 8:00 am
Secretary of State
05-01-2002 91606 011 ***158.75

1. Entity Name
PSA-USA, INC.

4100 N. E. 2ND AVE
SUITE 320
MIAMI FL 33137

4100 N. E. 2ND AVE
SUITE 320
MIAMI FL 33137

Suite, Apt. #, etc.

Applied For
Not Applicable

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

Zip Code

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
-------	---------------------------------	-----------------------------------

NAME

STREET ADDRESS _____
CITY - ST - ZIP _____

[illegible]

FILE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			

STREET ADDRESS

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.

305573 3132

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Routine: Direct