

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000053968

1. Entity Name

USC&R HOLDINGS, INC.

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90059 040 ***150.00

Principal Place of Business

444 BRICKELL AVENUE
 SUITE P-14
 MIAMI FL 33131

Mailing Address

444 BRICKELL AVENUE
 SUITE P-14
 MIAMI FL 33131-2467

2. Principal Place of Business

260 GLENRIDGE ROAD

Suite, Apt. #, etc.

3. Mailing Address

260 GLENRIDGE ROAD

Suite, Apt. #, etc.

City & State

Key Biscayne FL

Zip 33149

Country USA

City & State

Key Biscayne FL

Zip 33149

Country USA

4. FEI Number

65-0931816

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

MALONO, STEVEN ESQ.
 215 S. MONROE STREET, SUITE 500
 TALLAHASSEE FL 32302-1866

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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, 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

11. OFFICERS AND DIRECTORS

TITLE	D/P	<input type="checkbox"/> Delete
NAME	IRL, HENRY JAMES	
STREET ADDRESS	260 GLENRIDGE RD.	
CITY-ST-ZIP	KEY BISCAVNE FL 33149	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	REQUENA, RODOLFO	
STREET ADDRESS	444 BRICKELL AVENUE SUITE P-14	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	RBANO, PABLO	
STREET ADDRESS	444 BRICKELL AVENUE SUITE P-14	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D/P/T/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/00

Date

305 3651855

Daytime Phone #