

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000057309

1. Entity Name

U.S. CENTREPRISES, INC.

FILED
Mar 16, 2000 8:00 am
Secretary of State

03-16-2000 90071 035 ***150.00

Principal Place of Business

Mailing Address

298 SE 6TH AVENUE
NO.1
POMPANO BEACH FL 33060

900 E-ATLANTIC BLVD
SUITE 12
POMPANO BEACH FL 33060-7371

2. Principal Place of Business

255 S. CYPRESS RD #346
Suite, Apt. #, etc.

3. Mailing Address

SAME
Suite, Apt. #, etc.

POMPANO BEACH, FL
City & State

City & State

33060
Zip

Country
U.S.A.

Zip

Country

4. FEI Number 65-0774363

Applied For
Not Applicable

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

MERCIER, MICHAEL
298 SE 6TH AVENUE
NO.1
POMPANO BEACH FL 33060

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME MERCIER, MICHAEL
STREET ADDRESS 298 SE 6TH AVENUE NO. 1
CITY-ST-ZIP POMPANO BEACH FL 33060

TITLE ☐ Change ☐ Addition
NAME MICHAEL MERCIER
STREET ADDRESS 255 S. CYPRESS RD #346
CITY-ST-ZIP POMPANO BEACH, FL 33060

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ 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

Date

03-07-2000

Phone

954-782-9151

CR2E034 (9/99)