

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 06, 2000 8:00 am**  
**Secretary of State**

05-06-2000 90340 001 \*\*\*150.00  
 05-06-2000 90340 002 \*\*\*\*\*8.75

**DOCUMENT # P98000033517**

1. Entity Name

**U.S.A. FUND MIAMI CORPORATION**

Principal Place of Business

Mailing Address

**2300 CORAL WAY SUITE 111  
 MIAMI FL 33145**

**2300 CORAL WAY SUITE 111  
 MIAMI FL 33145-3511**

2. Principal Place of Business

**1717 N. Bayshore Dr.**

3. Mailing Address

**1717 N. Bayshore Dr.**

Suite, Apt. #, etc.

**Suite 208**

Suite, Apt. #, etc.

**Suite 208**

City & State

**Miami, FL**

City & State

**Miami, FL**

Zip

**33132**

Country

**USA**

Zip

**33132**

Country

**USA**

4. FEI Number

**65-0929635**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**DADE CORPORATE SERVICES, INC.  
 2300 CORAL WAY SUITE 111  
 MIAMI FL 33145**

7. Name and Address of New Registered Agent

Name  
**S&K Property Management, Inc.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1717 N. Bayshore Dr.**  
**Suite 208**  
 City  
**Miami** **FL** Zip Code  
**33132**

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

**Lidia Cartaya, Vice President**

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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>ORTEGA, AILEEN</b><br><b>2300 CORAL WAY SUITE 111</b><br><b>MIAMI FL 33145</b> | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>CANTERA, AHADA L</b><br><b>2300 CORAL WAY STE 201</b><br><b>MIAMI FL 33145</b> | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                               | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                               | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                               | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                               | <input type="checkbox"/> Delete            |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                                                |                                                                                                           |                                                                              |
|------------------------------------------------|-----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>Conradi, Axel</b><br><b>1717 N. Bayshore Dr., suite 208</b><br><b>Miami, FL 33132</b>      | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>P</b><br><b>Feldman, Steven J.</b><br><b>1717 N. Bayshore Dr., Suite 208</b><br><b>Miami, FL 33132</b> | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VS</b><br><b>Meyer, Tracy</b><br><b>1717 N. Bayshore Dr., Suite 208</b><br><b>Miami, FL 33132</b>      | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

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

Daytime Phone #

**Vice President** **4/27/00 305-577-3885**

CR2E034 (9/99)