

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000033517

1. Entity Name

U.S.A. FUND MIAMI CORPORATION

2001 AMENDED FILING

FILED

01 JUL 10 PM 2:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
1717 N. Bayshore Dr. 1717 N. Bayshore Dr.
Suite 208 Suite 208
Miami, FL 33132 Miami, FL 33132

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0929635

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

S & K Property Management, Inc.
1717 N. Bayshore Drive
Suite 208
Miami, FL 33132

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) ☐

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE D-3 ☐ Delete
NAME CONRADI, AXEL
STREET ADDRESS 1717 N. Bayshore Drive, #208
CITY-ST-ZIP Miami, FL 33132

TITLE P ☐ Delete
NAME FELDMAN, STEVEN J.
STREET ADDRESS 1717 N. Bayshore Dr., #208
CITY-ST-ZIP Miami, FL 33132

TITLE VS ☐ Delete
NAME KEIHNER, BRUCE W.
STREET ADDRESS 1717 N. Bayshore Dr., #208
CITY-ST-ZIP Miami, FL 33132

TITLE AVP ☐ Delete
NAME HERNANDEZ, FRANK
STREET ADDRESS 1717 N. Bayshore Dr., #208
CITY-ST-ZIP Miami, FL 33132

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE P ☒ Change ☐ Addition
NAME WILLIAMS, VIVIAN
STREET ADDRESS 1717 N. Bayshore Dr., #208
CITY-ST-ZIP Miami, FL 33132

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

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

TITLE V ☐ Change ☒ Addition
NAME KOBOLD, GERLINDE
STREET ADDRESS 1717 N. Bayshore Dr., #208
CITY-ST-ZIP Miami, FL 33132

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)(l), 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

Vice President

06/30/01 (305) 577-3885

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (11/00)