

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90052 049 ***150.00

DOCUMENT # P98000051178

1. Entity Name

USA ADVISORS GROUP, INC.

Principal Place of Business

Mailing Address

6542 W FLAGLER ST
 MIAMI FL 33144

6542 W FLAGLER ST
 MIAMI FL 33144-2920

2. Principal Place of Business

3. Mailing Address

5840 WEST FLAGLER STREET

5840 WEST FLAGLER STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE #6

SUITE #6

City & State

City & State

MIAMI - FLORIDA

MIAMI - FLORIDA

Zip

Country

Zip

Country

33144

DADE-USA

33144

U.S.A.

4. FEI Number

65-0841519

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

BAJDOR, PETER
920 SW 94TH AVE
MIAMI FL 33174

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	PP	<input type="checkbox"/> Delete
NAME	BAJDOR, PETER	
STREET ADDRESS	920 SW 94 AVE	
CITY-ST-ZIP	MIAMI FL 33174	
TITLE	S	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, CLEESTINO	
STREET ADDRESS	45 SW 64 AVE	
CITY-ST-ZIP	MIAMI FL 33144	
TITLE		<input type="checkbox"/> Delete
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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: *Celestino Rodriguez* **CELESTINO RODRIGUEZ**
 SECRETARY
 Date: **4-25-00**
 Daytime Phone #: **(305) 266-9430**



DO NOT WRITE IN THIS SPACE

FORM 1000 (1-99)