

2000 UNIFORM BUSINESS REPORT (UBR)

4/

DOCUMENT # P98000077021

1. Entity Name

ASISTENCIA U.S.A. CORP.

FILED
May 17, 2000 8:00 am
Secretary of State

04-11-2000 90003 035 ***150.00

Principal Place of Business Mailing Address
9545 S.W. 36TH STREET 9545 S.W. 36TH STREET
MIAMI FL 33165 MIAMI FL 33165-4045

2. Principal Place of Business 3. Mailing Address
6520 NW 84 AVENUE 10830 NW 52 ST
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
MIAMI, FLORIDA MIAMI, FLORIDA

Zip Country Zip Country
33166 DADE 33178 DADE

4. FEI Number 65-0865809 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
ANTON, URBANO E Name SANTOS, JOSE C. JR.
9545 S.W. 36TH STREET Street Address (P.O. Box Number is Not Acceptable)
MIAMI FL 33165 10830 NW 52 ST
City MIAMI FL Zip Code 33178

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] DATE Miami, FL 04/27/00
(NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. ☐ 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 | <input checked="" type="checkbox"/> Delete | TITLE | P-D | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SANTOS, JOSE C JR. | | NAME | SANTOS, JOSE C. JR. | |
| STREET ADDRESS | 9545 S.W. 36TH STREET | | STREET ADDRESS | 10830 NW 52 ST | |
| CITY-ST-ZIP | MIAMI FL 33165 | | CITY-ST-ZIP | MIAMI, FL 33178 | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | RODRIGUEZ, ELIAS | | NAME | | |
| STREET ADDRESS | 9545 S.W. 36TH STREET | | STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI FL 33165 | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | 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] 04/06/00 305-7184440
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)