

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2002 8:00 am
Secretary of State

01-31-2002 90010 021 ***150.00

DOCUMENT # P98000077021

1. Entity Name
ASISTENCIA U.S.A. CORP.

Principal Place of Business

**10830 NW 52 ST
 MIAMI FL 33178**

Mailing Address

**10830 NW 52 ST
 MIAMI FL 33178**

2. Principal Place of Business
8213 NW 66 St.

2. Mailing Address
8213 NW 66 St.

3. Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Miami, FL

City & State
Miami, FL

4. FEI Number
65-0865809

Applied For
 Not Applicable

Zip
33166 Country
USA

Zip
33166 Country
USA

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

**SANTOS, JOSE C JR
 10830 NW 52 ST
 MIAMI FL 33178**

Name
Jose C. Santos

Street Address (P.O. Box Number is Not Acceptable)
8213 NW 66 St.

City & State
Miami FL 33166

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]*

(NOTE: Registered Agent signature required when reinstating)

1/15/02

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, 2002 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
PD ☐ Delete
 NAME
SANTOS, JOSE C JR.
 STREET ADDRESS
10830 NW 52 ST
 CITY-ST-ZIP
MIAMI FL 33178

TITLE
PD ☒ Change ☐ Addition
 NAME
Jose C. Santos
 STREET ADDRESS
8213 NW 66 St.
 CITY-ST-ZIP
Miami, FL 33166

TITLE
D ☐ Delete
 NAME
RODRIGUEZ, ELIAS
 STREET ADDRESS
9545 S.W. 36TH STREET
 CITY-ST-ZIP
MIAMI FL 33165

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ 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, without other like empowered.

SIGNATURE *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/15/02 305-463-8989

CR2E034 (9/01)