

# 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 <b>10830 NW 52 ST          MIAMI FL 33178</b>	Mailing Address <b>10830 NW 52 ST          MIAMI FL 33178</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>8213 NW 66 St.</b>	3. Mailing Address <b>8213 NW 66 St.</b>
4. Suite, Apt. #, etc.	5. Suite, Apt. #, etc.

City & State <b>Miami, FL</b>	City & State <b>Miami, FL</b>	4. FEI Number <b>65-0865809</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>33166</b>	Country <b>USA</b>	Zip <b>33166</b>	Country <b>USA</b>

6. Name and Address of Current Registered Agent <b>SANTOS, JOSE C JR          10830 NW 52 ST          MIAMI FL 33178</b>	7. Name and Address of New Registered Agent Name <b>Jose C. Santos</b> Street Address (P.O. Box Number is Not Accepted) <b>8213 NW 66 St.</b> City <b>Miami</b> FL <b>33166</b>
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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: **1/15/02**

(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, 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PD SANTOS, JOSE C JR. 10830 NW 52 ST MIAMI FL 33178</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD Jose C. Santos 8213 NW 66 St. Miami, FL 33166</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D RODRIGUEZ, ELIAS 9545 S.W. 36TH STREET MIAMI FL 33165</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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, without other like empowered.

SIGNATURE: *[Signature]* DATE: **1/15/02** DAYTIME PHONE #: **305-463-8989**

(NOTE: Registered Agent signature required when reinstating)

CR2E034 (9/01)