

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P98000079682**

1. Entity Name

USA & Europe Network, Inc.

Principal Place of Business

Mailing Address

**90. Julia Patricia LEVY.
1900 Liberty Avenue - Apt. 206
Miami Beach, FL 33139**

2. Principal Place of Business

3. Mailing Address

1900 Liberty Avenue

1900 Liberty Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 206

Suite 206

City & State

City & State

Miami Beach, FL

Miami Beach, FL

Zip

Country

Zip

Country

33139

USA

33139

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**Julia Patricia LEVY
1900 Liberty Av. - Suite 206
Miami Beach, FL 33139**

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

Julia LEVY - Presidente - 03/30/2001

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State**

10. Election Campaign Financing **\$5.00** May Be Added to Fees ☐

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Presidente** ☐ Delete
NAME **Julia LEVY**
STREET ADDRESS **1900 Liberty Av. Suite 206**
CITY-ST-ZIP **Miami Beach, FL 33139**

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

TITLE **Vice - Presidente** ☐ Delete
NAME **Julia LEVY**
STREET ADDRESS **1900 Liberty Av. Suite 206**
CITY-ST-ZIP **Miami Beach, FL 33139**

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

TITLE **Secretary** ☐ Delete
NAME **Julia LEVY**
STREET ADDRESS **1900 Liberty Av. Suite 206**
CITY-ST-ZIP **Miami Beach, FL 33139**

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

TITLE **Treasurer** ☐ Delete
NAME **Julia LEVY**
STREET ADDRESS **1900 Liberty Av. Suite 206**
CITY-ST-ZIP **Miami Beach, FL 33139**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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)(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Julia LEVY 03/30/2001 (305) 531-6696
Cheque # 1057

FILED
Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90538 013 ***150.00

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DO NOT WRITE IN THIS SPACE

CR2E034 (1/100)