

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000084149

1. Entity Name

USA CORVETTE CORPORATION

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

07-17-2000 90073 041 ***150.00

Principal Place of Business

20423 STATE RD. 7, SUITE 4273
BOCA RATON FL 33498

Mailing Address

20423 STATE RD. 7, SUITE 4273
BOCA RATON FL 33498

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0867658

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ALEXANDER, PAUL
20423 STATE RD. 7, SUITE 4273
BOCA RATON FL 33498

7. Name and Address of New Registered Agent

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

TITLE **D** ☐ Delete
NAME ALEXANDER, PAUL
STREET ADDRESS 20423 STATE RD. 7, SUITE 4273
CITY-ST-ZIP BOCA RATON FL 33498

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 15/00

PT8000084149

A0067258

USA Corvette Corporation

20423 State Road 7, Suite 427 ~ Boca Raton, FL 33498
Phone (954) 781-0300 ~ Fax (954) 781-0210

July 7, 2000

**Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314**

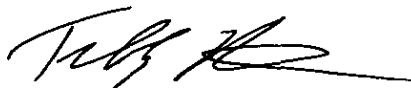
RE: USA Corvette Corporation

To Whom It May Concern:

**Please find enclosed our completed 2000 UBR. Also enclosed is payment of \$150.00.
We did not receive the first mailing of this form.**

If there are any questions concerning this matter, please call.

Sincerely,



**Teddy Artemiou
USA Corvette**

Enclosures