

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 05, 2000 8:00 am**  
**Secretary of State**

07-05-2000 90483 001 \*\*\*150.00  
 07-05-2000 90483 002 \*\*\*\*\*8.75

DOCUMENT # **P980000084744**

1. Entity Name

**USAcademy, Inc.**

Principal Place of Business

Mailing Address

**Margate**

2. Principal Place of Business

**777 S. State Road 7**

3. Mailing Address

Suite, Apt. #, etc.

**Suite 5X**

Suite, Apt. #, etc.

City & State

**Margate FL**

City & State

4. FEI Number

**65-0879900**

Applied For

Not Applicable

Zip

Country

**33068**

**USA**

Zip

Country

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

**Chris Salinas**

**6524 NW 55 St.**

**Coral Springs**

**FL 33067**

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 \$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	<b>Chris Salinas</b>	<input type="checkbox"/> Delete
NAME	<b>Chris Salinas</b>	
STREET ADDRESS	<b>6524 NW 55 St.</b>	
CITY-ST-ZIP	<b>Coral Springs FL 33067</b>	
TITLE	<b>Chris Salinas</b>	<input type="checkbox"/> Delete
NAME	<b>Chris Salinas</b>	
STREET ADDRESS	<b>6524 NW 55 St.</b>	
CITY-ST-ZIP	<b>Coral Springs FL 33067</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

Date

Daytime Phone #

**(954) 723 5067**

CR2E034 (9/99)