

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 28, 2001 08:00 AM**
Secretary of State**DOCUMENT # P98000085183**1. Entity Name
U.S. INVESTMENT SOLUTIONS, INC.**Principal Place of Business**11111 BISCAYNE BOULEVARD
BUILDING I, SUITE 900
MIAMI
33181

FL

Mailing Address11111 BISCAYNE BOULEVARD
BUILDING I, SUITE 900
MIAMI
33181

FL

2. Principal Place of Business

11111 BISCAYNE BOULEVARD BLDG. I SUITE 900

3. Mailing Address

11111 BISCAYNE BOULEVARD BLDG. I SUITE 900

Suite, Apt. #, etc.

BUILDING I, SUITE 900

Suite, Apt. #, etc.

BUILDING I, SUITE 900

City & State

MIAMI

FL

City & State

MIAMI

FL

Zip

33181

Country**Zip**

33181

Country**4. FEI Number****65-0875882****Applied For**☐ Not Applicable**5. Certificate of Status Desired**☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentBRAVO-CAMINO A. NICOLAS
11111 BISCAYNE BOULEVARD
BUILDING I, SUITE 900
MIAMI
33181

FL

7. Name and Address of New Registered Agent**Name**

BRAVO-CAMINO A. NICOLAS

Street Address (P.O. Box Number is Not Acceptable)

11111 BISCAYNE BOULEVARD BLDG. I SUITE 900

BUILDING I, SUITE 900**City**

MIAMI

FL

Zip Code
33181

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 **A. NICOLAS BRAVO-CAMINO****04/28/2001**

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, 2001 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**

TITLE	P	<input type="checkbox"/> Delete
NAME	BRAVO-CAMINO A. NICOLAS	
STREET ADDRESS	11111 BISCAYNE BLVD., BUILDING I, STE 900	
CITY-ST-ZIP	MIAMI FL 33181	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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NAME	
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: A. Nicolas Bravo-Camino

P

04/28/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)