


us investment

FILED
Jun 02, 2003 8:00 am
Secretary of State

06-02-2003 90191 012 ***150.00

**FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P98000085183	
1. Entity Name US. INVESTMENT SOLUTIONS, INC.	

DO NOT WRITE IN THIS SPACE

90138489

2. Principal Place of Business 412 S. Dixie Hwy		3. Mailing Address SAME	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State HALLANDALE FL		City & State	
Zip 33009	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	4. FEI Number 65-0875882		Applied For Not Applicable
	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
	7. Name and Address of Current Registered Agent		
	Name STUART LIPSON P.A. Street Address (P.O. Box Number is Not Acceptable) 16900 NE 19 AV City North Miami Beach FL Zip Code 33162		

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Stuart Lipson P.A. Attorney DATE MAY 14 2003

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT BRAVO-CAMINO, A. NIGOLAS 1111 BISCAYNE BLVD E-900 MIAMI FL- 33181	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT BRAVO-CAMINO, FERNANDO 1111 BISCAYNE BLVD E-1005 MIAMI FL- 33181	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. 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 10 or on an attachment with an address, with all other like approved.

SIGNATURE: A. NIGOLAS BRAVO-CAMINO DATE MAY 14 2003 DAYTIME PHONE # 954-454-4741

CR2E034B (12/02)

May 5, 2003

(attachment)
90138489

**FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. Box 1500
Tallahassee, FL 30302-1500**

SUBJECT: UNIFORM BUSINESS REPORT
REFERENCE: US INVESTMENT SOLUTIONS, INC.

Dear Sir/Madam:

Please, as per telephone conversation with your customer service rep, waive any penalty or additional UNIFORM BUSINESS REPORT fees since we have not received any correspondence in this regard.

Enclosed you will find a corporate check in the amount of \$150.00

Thank you for your attention in this matter.

Sincerely,



NICOLAS CAMINO