## FOR PROFIT CORPORATION

## FILED Apr 24, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P98000094665** 04-24-2003 90215 006 \*\*\*150.00 1. Entity Name U.S. STANDARD ENTERPRISES, CORP. 20104233 DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address 12221 SW 132ND COURT 12221 SW 132ND COURT Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State MIAMI FLORIDA. MIAMI FLORIDA. 65-0874516 Not Applicable Zip Country Zip 33186 \$8.75 Additional 5. Certificate of Status Desired USA 33186 USA Fee Required 7. Name and Address of Current Registered Agent Name DAO FEDERICO DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) 8860 SW 160TH STREET IN THIS SPACE CityMIAMI Zip Code 33157 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) January 1 - May 1 Fee is \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing After May 1, Fee is \$550.00 \$5.00 May Be Tax filing requirement and elects to do so. Amended UBR is \$61.25 Trust Fund Contribution. $\Box$ Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. P/S/D TITLE DAO FEDERICO STREET ADDRESS STREET ADDRESS 8860 SW 160TH STREET CITY-ST-ZIP CITY-ST-ZIP MIAMI FL, 33157 TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE City-St-7iP CITY-ST-ZIP TITLE IN THIS SPACE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS 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 amounted to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

CITY-ST-7IP

STREET ADDRESS

CITY-ST-ZIP

NAME

TEDERICO

CR2E034B (12/01)