

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

0129139 AV

DOCUMENT # P99000004417

1. Entity Name

USA DIRECT CORP.

02-21-2002 90147 035 ***150.00

Principal Place of Business

**1001 NORTH FEDERAL HIGHWAY, SUITE 205
 STE 202
 HALLANDALE FL 33009**

Mailing Address

**1001 NORTH FEDERAL HIGHWAY, SUITE 205
 STE 202
 HALLANDALE FL 33009**



2. Principal Place of Business

1001 NORTH FEDERAL HWY

Suite, Apt. #, etc.

SUITE 202

City & State

HALLANDALE, FL

Zip

33009

Country

US

3. Mailing Address

1001 NORTH FEDERAL HWY

Suite, Apt. #, etc.

SUITE 202

City & State

HALLANDALE, FL

Zip

33009

Country

US

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1031444

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

LEDUC, REJEAN

1001 NORTH FEDERAL HIGHWAY

#202

HALLANDALE FL 33009

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 \$150.00
After May 1, 2002 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 ☐ Delete
 NAME **PS**
 STREET ADDRESS **LEDUC, REJEAN**
 CITY-ST-ZIP **473 GOLDEN ISLES DRIVE #301**
HALLANDALE FL 33009

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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 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

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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 #

02-08-02

CR2E034 (9/01)