2000 UNIFORM BUSINESS REPORT (UBR)

5/7/

FILED
Jun 19, 2000 8:00 am
Secretary of State
05-07-2000 90030 030 ***150.00

DOCUMENT # P99000010076

1. Entity Name*

USA INTERNATIONAL, INC.

(R)

Principal Place of Business	Mailing Address
3921 SW 47 AVE STE 1018 FT LAUDERDALE FL 33314	3921 SW 47 AVE STE 1018 FT LAUDERDALE FL 33314-2812

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3921 SW 47th Ave	3921 SW 47th Ave
Suite, Apt. #, etc.: Suite # 1018	Suite, Apt. #, etc.: Suite # 1018
City & State: Ft Lauderdale, FLORIDA	City & State: Ft Lauderdale, FL
Zip: 33314 Country: USA	Zip: 33314 Country: USA

4. FEI Number 65-0906245 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BHARGAVA, APARNA
3700 N 56 AVE APT 1013
HOLLYWOOD FL 33021

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, 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR, Pres, Sec, Treas APARNA BHARGAVA 3700 N 56th Ave, # 1013 HOLLYWOOD, 33021 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: X Aparna Bhargava APARNA BHARGAVA 4/24/2000 954-587-2299
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #