2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000018525

FILED
01 AUG 29 PM 4:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2001 AMENDED UBR

1. Entity Name
United States Commercial Group, Corp.

Principal Place of Business / Mailing Address
2209 N. W. 30th. Place
Pompano Beach, Fl. 33069

2. Principal Place of Business		3. Mailing Address	
Pompano Beach			
Suite, Apt. #, etc. 2209 N. W. 30th. Place		Suite, Apt. #, etc.	
City & State Pompano Beach, Florida		City & State	
Zip 33069	Country	Zip	Country

4. FEI Number 650437244 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
Hilda Sanchez 2209 N. W. 30th. Place Pompano Beach, Fl. 33069	Name Juan Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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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, 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Hilda Sanchez Quinones ☒ Delete P 2209 N. W. 30th.,Place Pompano Beach, Florida 33069	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Juan Luis Quinones X☒ Change ☒ Addition 2209 N.W. 30th. Place (president) Pompano Beach, Fl. 33069 & Secretary
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (11/00)

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: Juan L. Quinones 7/23/01 954 977-8622 Ext. 43

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #