

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

FILED
Aug 16, 2002 8:00 am
Secretary of State

08-16-2002 90001 040 ***550.00

DOCUMENT # P99000027644

1. Entity Name

U.S. SALES CORPORATION ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1841 HARBOR POINT CIRCLE

Suite, Apt. #, etc.

3. Mailing Address

1841 HARBOR POINT CIRCLE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

WESTON, FL

City & State

WESTON, FL

4. FEI Number

65-0909465

Applied For

Not Applicable

Zip

33327

Country

BROWARD

Zip

33327

Country

BROWARD

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

ASIF MANSOOR

Street Address (P.O. Box Number is Not Acceptable)

1841 HARBOR POINT CIRCLE

City

WESTON

FL

Zip Code

33327

**DO NOT WRITE
IN THIS SPACE**

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)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
NAME
D/P
MANSOOR, ASIF
STREET ADDRESS
1841 HARBOR POINT CIRCLE
CITY - ST - ZIP
WESTON, FL 33327

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
D
MATTISON, ALICIA
STREET ADDRESS
1567 PASSION VINE CIRCLE
CITY - ST - ZIP
WESTON, FL 33326-3658

TITLE
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: 

ASIF MANSOOR, PRES 07/31/02 954-434-1981

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 8/13/02 Daytime Phone # 954 434 1981