2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P99000035065

1. Entity Name

SIGNATURE:

USA SIGNS INC. OF SOUTH FLORIDA



FILED Mar 24, 2003 8:00 am Secretary of State

03-24-2003 90187 004 ***150.00

Principal Place of Business 2312 NORTHWEST 30TH COURT FT LAUDERDALE FL 33311-1416		Mailing Address 2312 NORTHWEST 30TH C FT LAUDERDALE FL 33311				
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES		
City & State	3	City & State		4. FEI Number 65-0912449 Applied For Not Applicable		
Zip	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required		
	6. Name and Address of Current I	Registered Agent		7. Name and Address of New Registered Agent		
· The second of			Name	Name		
SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE			Street Address	ess (P.O. Box Number is Not Acceptable)		
CORAL GABLES FL 33134						
00,110			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. I am familiar with, and accept the obligations of registered agent.						
SIGNATURE Signature, typed or printed name of registered egent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE						
Afte	ILE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department of	State		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees		
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD CENTANNI, PHYLLIS 2312 NORTHWEST 30TH COURT FT LAUDERDALE FL 33311-1416	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MESGLESKI, JOSEPH 2312 NORTHWEST 30TH COURT FT LAUDERDALE FL 33311-1416	. · Led Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE		Delete	TITLE	☐ Change ☐ Addition		
NAME STREET ADDRESS CITY-ST-ZIP	المدامها المداميات	الأراميسويوسيون الأواشيم القروار الاراما	NAME STREET ADDRESS CITY-ST-ZIP	en e e e e e e e e e e e e e e e e e e		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS	☐ Change ☐ Addition		
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	1	☐ Delete	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	. Change Addition		
12. I hereby of indicated of the cor	on this report or supplemental report is	true and accurate and that m wered to execute this report a	the exemption stated in ny signature shall have th	in Section 119.07(3)(i), Florida Statutes. I further certify that the information the same legal effect as if made under oath; that I am an officer or director 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if		