

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

FILED
Aug 14, 2002 8:00 am
Secretary of State

08-14-2002 90029 042 ***158.75

DOCUMENT # P99000037698

1. Entity Name

Unlimited Services of USA, Inc

MC
FEB
8/12/02
mm

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

10459 SW 40 STREET

Suite, Apt. #, etc.

3. Mailing Address

9133 SW 147 COURT

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

4. FEI Number

65-1013976

Applied For

Not Applicable

Zip

33165

Country

USA

Zip

33196

Country

USA

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name Hernando Gonzalez

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

9133 SW 147 Ct

City Miami

FL

Zip Code 33196

**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

8/12/02

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 HERNANDO GONZALEZ
NAME PRESIDENT - DIRECTOR - TRESURER
STREET ADDRESS 9133 SW 147 CT.
CITY - ST - ZIP MIAMI, FL. 33196

TITLE SECRETARY
NAME ALEXANDER GONZALEZ
STREET ADDRESS 9133 SW 147 CT
CITY - ST - ZIP MIAMI, FL. 33196

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/12/02 (786) 853 8796

Marie Castrillon