

# 2000 UNIFORM BUSINESS REPORT (UBR)

0274904

DOCUMENT # P99000051125

FILED

1. Entity Name  
U S A INTER-CONNECTION, CORP.

02 AUG -9 AM 8:11

Principal Place of Business: 810 S.W. 129TH PLACE #206 MIAMI FL 33184  
Mailing Address: 810 S.W. 129TH PLACE #206 MIAMI FL 33184-2170

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT 00-02

2. Principal Place of Business: 841 22 ST SE  
3. Mailing Address: 841 22 ST SE

City & State: NAPLES FL  
Zip: 34117 Country: USA

4. FEI Number: [ ] Applied For [X] Not Applicable  
5. Certificate of Status Desired: [X] \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
CHAVERO, ARMANDO M  
810 S.W. 129TH PLACE #206 MIAMI FL 33184

7. Name and Address of New Registered Agent  
Name: GEORGE GONZALEZ  
Street Address: 841 22 ST SE  
City: NAPLES, FL 34117 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: *George Gonzalez* DATE: 8/8/02  
(NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.

**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	
TITLE: PD NAME: CHAVERO, ARMANDO M STREET ADDRESS: 810 S.W. 129TH PLACE CITY-ST-ZIP: MIAMI FL 33184	<input checked="" type="checkbox"/> Delete
TITLE: [ ] NAME: [ ] STREET ADDRESS: [ ] CITY-ST-ZIP: [ ]	<input type="checkbox"/> Delete
TITLE: [ ] NAME: [ ] STREET ADDRESS: [ ] CITY-ST-ZIP: [ ]	<input type="checkbox"/> Delete
TITLE: [ ] NAME: [ ] STREET ADDRESS: [ ] CITY-ST-ZIP: [ ]	<input type="checkbox"/> Delete
TITLE: [ ] NAME: [ ] STREET ADDRESS: [ ] CITY-ST-ZIP: [ ]	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: P/T/D NAME: GEORGE GONZALEZ STREET ADDRESS: 841 22 ST SE CITY-ST-ZIP: NAPLES, FL 34117	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: [ ] NAME: [ ] STREET ADDRESS: [ ] CITY-ST-ZIP: [ ]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [ ] NAME: [ ] STREET ADDRESS: [ ] CITY-ST-ZIP: [ ]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [ ] NAME: [ ] STREET ADDRESS: [ ] CITY-ST-ZIP: [ ]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [ ] NAME: [ ] STREET ADDRESS: [ ] CITY-ST-ZIP: [ ]	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *George Gonzalez* DATE: 8/8/02  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
239-304-1907 Daytime Phone #

CR2E034 (9/99)