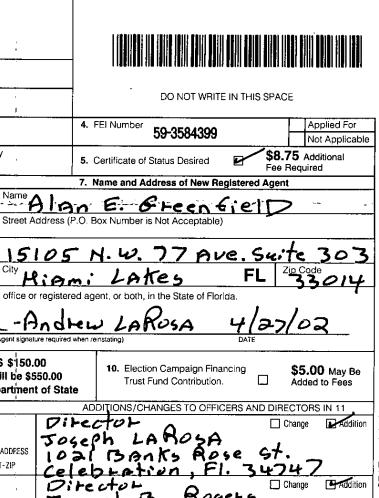
## **2002 UNIFORM BUSINESS REPORT (UBR)** P99000051501 DOCUMENT # 1. Entity Name U.S. ENTERPRISES OF CENTRAL FLORIDA CORP. Principal Place of Business Mailing Address 909 JASMINE ST. 909 JASMINE ST. CELEBRATION FL 34747 **CELEBRATION FL 34747** 2. Principal Place of Business 3. Mailing Address . Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Zip Country Country 6. Name and Address of Current Registered Agent Alan E. LAROSA, ANDREW 909 JASMINE ST. **CELEBRATION FL 34747**

## May 15, 2002 8:00 am 5 Secretary of State 205-15-2002 901 47 000



11.	OFFICERS AND DIRECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS	S IN 11
TITLE	D Delete	TITLE	Director A	☐ Change	Addition
NAME	LAROSA, ANDREW	NAME	Joseph LAMOSA		
STREET ADDRESS	909 JASMINE ST.	STREET ADDRESS	1021 BANKS Rose	Gt.	
CITY-ST-ZIP	CELEBRATION FL 34747	CITY-ST-ZIP	Celebration . Fl. 3	4747	7
TITLE	Delete	TITLE	Director	☐ Change	Addition
NAME		NAME	Joseph B. Rogers	)	_
STREET ADDRESS		STREET ADDRESS	1501 Chapman Ct.		
CITY-ST-ZIP		CITY-ST-ZIP	Kissimmee Fl. 3	4747	,
TITLE	☐ Delete	TITLE	Director	☐ Change	[ Addition
NAME ''	والمرابع والمتحدد والمراهية والمنطقة والمتحدد والمتحدد والمتحدد والمتحدد والمتحدد	NAME	HOOD S.W. 146 AV	week and the second	
STREET ADDRESS		STREET ADDRESS	4000 S.W. 146 AV	ε.	
CITY-ST-ZIP		CITY-ST-ZIP	MILAMAL, FL. 37	1027	
TITLE	Delete	TITLE		☐ Change	☐ Addition
NAME		NAME			i
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP	•	CITY-ST-ZIP			
TITLE	☐ Delete	TITLE "	=	☐ Change	Addition
NAME		NAME			
STREET ADDRESS	•	STREET ADDRESS			ĺ
CITY-ST-ZIP		CITY-ST-ZIP			ļ
TITLE	☐ Delete	TITLE ·		☐ Change	☐ Addition
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			

FILE NOW!!! FEE IS \$150.00

After May 1, 2002 Fee will be \$550.00

Make Check Payable to Department of State

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 rustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if of the corporation or the receiver or trustee empowered to execute this changed, or on an attachment with an address, with all other like emp

SIGNATURE:

8. The above named entity submits

(See criteria on back)

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

27/02(401) 566-8289