

2000 UNIFORM BUSINESS REPORT (UBR)

7/

DOCUMENT # P99000058382

1. Entity Name

U.S. INTERNET FINANCIAL CORPORATION

R

FILED
Aug 03, 2000 8:00 am
Secretary of State

07-12-2000 90147 046 ***550.00

Principal Place of Business

3741 N E 163RD STREET
SUITE 263
MIAMI FL 33160

Mailing Address

3741 N E 163RD STREET
SUITE 263
MIAMI FL 33160

2. Principal Place of Business

3. Mailing Address

3703 NE 166 STR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#1007

City & State

MIAMI FL 33160

4. FEI Number

650928759

Applied For

Not Applicable

Zip

Country

Zip

Country

33160

US

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MESCHERSKI, NELLIE
3703 N E 168TH STREET, PH 9
MIAMI FL 33160

Name

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

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.

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)

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President
MESCHERSKI, NELLIE
3703 NE 166 STR # 510
MIAMI, FL 33160

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Delete

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Change Addition

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Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

N. Mescherski (N. Mescherski) 7.5.00 (877) 5602770