

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000053382

1. Entity Name

U.S. INTERNET FINANCIAL CORPORATION

FILED
Jan 19, 2001 8:00 am
Secretary of State

01-19-2001 90068 028 ***150.00

Principal Place of Business
3741 N E 163RD STREET
SUITE 263
MIAMI FL 33160

Mailing Address
3703 NE 160 STR
#1007
MIAMI FL 33160

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
3703 NE 166th STR
Suite, Apt. #, etc.
#1007
City & State
MIAMI, FL
Zip
33160



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0328759
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MESCHERSKI, NELLIE
3703 N E 166TH STREET, PH 9
MIAMI FL 33160

7. Name and Address of New Registered Agent
Name PAUL Litvinov
Street Address (P.O. Box Number is Not Acceptable)
3703 NE 166 STR #1007
City MIAMI, FL Zip Code 33160

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 PAUL Litvinov PAUL Litvinov 1.10.01
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 \$150.00
After MAY 1, 2001 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	P	<input type="checkbox"/> Delete
NAME	MESCHERSKY, WILLIE	
STREET ADDRESS	3703 NE 166 ST #510	
CITY-ST-ZIP	MIAMI FL 33160	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PAUL Litvinov	
STREET ADDRESS	3703 NE 166 street #1007	
CITY-ST-ZIP	MIAMI FL 33160	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: PAUL Litvinov PAUL Litvinov 1.10.01 305 949 2844
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)