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2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Jan 11, 2002 8:00 am **DOCUMENT #** P99000053382 **Secretary of State** 01-11-2002 90010 046 ***150.00 U.S. INTERNET FINANCIAL CORPORATION Principal Place of Business Mailing Address 3703 NE 166TH STR 3741 N E 163RD STREET SHITE 263 #1007 MIAM1 FL 33160 MIAMI FL 33160 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0328759 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LITUINOU, PAUL Street Address (P.O. Box Number is Not Acceptable) 3703 N E 166TH STREET # 1007 **MIAMI FL 33160** Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filling requirement and elects to do so. (See criteria on back) After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Litvinov, Paul Str # 1007 3703 NE 166 FL Str # 1007 Delete TITLE TITLE ☐ Change ☐ Addition (9/01 MESCHERSKY, WILLIE 3703 NE 166 ST #510 MIAMI FL 33160 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ___ Delete TITLE TITLE Change Addition LITUINOU, PAUL NAAAF NAME STREET ADDRESS 3703 NE 166 ST #1007 STREET ADDRESS MIAMI FL 33160 City-st-zip-~ CITY-ST-ZIP Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Channe ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS 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