

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90101 036 ***150.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P 99000062690**

1. Entity Name

HOUSE USA ONE, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

826 OCEAN DRIVE

Suite, Apt. #, etc.

3. Mailing Address **90 GOLDSTEIN CENWAY**

1900 NW CORPORATE BLVD.

Suite, Apt. #, etc.

SUITE 300 E. BLDG

City & State

MIAMI BCH, FL

City & State

BOLA RATON, FL

4. FEI Number

65-0994725

Applied For

Not Applicable

Zip

33139

Country

USA

Zip

33431

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

FILINGS, INC.

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

3732 N.W. 16TH ST.

City

FT. LAUDERDALE

FL

Zip Code

33311-4132

**DO NOT WRITE
IN THIS SPACE**

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 reconstituting)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

NAME

STREET ADDRESS

CITY-ST-ZIP

D

MERLO, MICHELE

826 OCEAN DR.

MIAMI BEACH, FL 33139

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

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IN THIS SPACE**

13. I hereby certify that the information supplied on this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all rights, like, and powers.

SIGNATURE:

SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHELE MERLO

DATE

4/30/02

Daytime Phone #

305-673-3373

CR2E034B (12/01)