

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 15, 2000 8:00 am**  
**Secretary of State**  
 08-15-2000 90015 023 \*\*\*150.00

**DOCUMENT # P99000062692**

1. Entity Name

HOUSE USA TWO, INC.

*P*

Principal Place of Business

999 WASHINGTON AVENUE  
 MIAMI BEACH FL 33139

Mailing Address

999 WASHINGTON AVENUE  
 MIAMI BEACH FL 33139

2. Principal Place of Business

3. Mailing Address

*CHD GOLDSTEIN LEWINT & CO*  
*1900 CORPORATE BLVD.*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

*EAST BLDG SUITE 300*

City & State

City & State

*BOCA RATON FL.*

4. FEI Number

*65-0997683*

Applied For

Not Applicable

Zip

Country

Zip

Country

*33431*

*USA*

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

**FILINGS, INC.**  
**3732 N.W. 16TH STREET**  
**FT. LAUDERDALE FL 33311-4132**

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 **D** ☐ Delete  
 NAME **MERLO, MICHELE**  
 STREET ADDRESS **999 WASHINGTON AVENUE**  
 CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE ☐ Change ☐ Addition  
 NAME **826 OCEAN DRIVE**  
 STREET ADDRESS **MIAMI BEACH, FL 33139**  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ 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:

*SIGNATURE*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*8/3/2000*  
 Date

*305 6733373*  
 Daytime Phone #

CR2E034 (5/00)

Attachment  
D#P9900042692  
00079151

August 2, 2000

Uniform Business Report  
P.O. Box 1500  
Tallahassee, Fl 32302-1500  
Re: House USA Two Inc.  
FEIN- 650997683

To Whom It May Concern:

Enclosed please find my submitted 2000 Uniform Business Report along with a check for \$150.00. This is the Company's first full year in operation, and as you can see the returns was mailed to an address other than the Company's. I have changed the future mailing address to that of my accountant. I am requesting for this time only that the enclosed check for \$150.00 be acceptable for this filing. If you have any questions please do not hesitate to contact me.

Thank you,

A handwritten signature in black ink, appearing to read 'Michele Merlo', enclosed within a large, hand-drawn oval.

Michele Merlo  
Director