

# 2000 UNIFORM BUSINESS REPORT (UBR)

5/

DOCUMENT # P99000063630

1. Entity Name

U.S.A. PROPERTY SERVICES, INC.

**FILED**  
**Jul 19, 2000 8:00 am**  
**Secretary of State**

05-22-2000 90130 010 \*\*\*150.00

Principal Place of Business

11313 N.W. 51ST STREET  
MIAMI FL 33178

Mailing Address

11313 N.W. 51ST STREET  
MIAMI FL 33178-3546

2. Principal Place of Business

5250 NW 109 AV.

3. Mailing Address

5250 N.W. 109 Ave.

Suite, Apt. #, etc.

UNIT 101

Suite, Apt. #, etc.

UNIT 101

City & State

MIAMI FL

City & State

MIAMI, FL

Zip

33178

Country

USA

Zip

33178

Country

USA

4. FEI Number

65-1019953

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

LEDA FERREIRA

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

5250 NW 109 AV.

UNIT 101

City

MIAMI

FL

Zip Code

33178

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 \$150.00**  
**After MAY 1, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME FAKHOURI, PRISCILA C  
STREET ADDRESS 11313 N.W. 51ST STREET  
CITY-ST-ZIP MIAMI FL 33178 ☒ Delete

TITLE PD  
NAME ROBERTO CABRAL  
STREET ADDRESS 5250 NW 109 AV UNIT- 101  
CITY-ST-ZIP MIAMI, FL 33178 ☐ Change ☐ Addition

TITLE VPD  
NAME RODRIGUES FERREIRA, LEDA ROMER S  
STREET ADDRESS 6767 COLLINS AVENUE, SUITE 203  
CITY-ST-ZIP MIAMI BEACH FL 33141 ☐ Delete

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

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

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 REQUIRED

04.26.00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CF2E034 (9/99)