## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

## P99000078838 DOCUMENT #

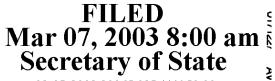
1. Entity Name P.L. USA, INC.



Principal Place of Business 15999 SW 13TH STREET PEMBROKE PINES FL 33027

Mailing Address 15999 SW 13TH STREET PEMBROKE PINES FL 33027

2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	- Suite, Apt. #, etc.	
City & State	City & State	



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2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		- Suite, Apt. #, etc.		CHECK HERE IF MAKIN	CHECK HERE IF MAKING CHANGES		
City & State		City & State		4. FEI Number 65-0945705	Applied For Not Applicable		
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required		
6. 1	Name and Address of Co	ırrent Registered Agent		7. Name and Address of New Registered	Agent		
Lorse, Edwin 15999 SW 13TH Street PEMBROKE PINES FL 33027			Name Street A	Name Street Address (P.O. Box Number is Not Acceptable)			
			City	FI			
8. The above named the obligations of the obligatio	l entity submits this staten registered agent.	nent for the purpose of changin	g its registered office or	r registered agent, or both, in the State of Florida. I am	familiar with, and accept		
SIGNATURESignature	t, typed or printed name of registere	d agent and title if applicable.	(NOTE: Registered Agent signate	ure required when reinstating) DATE			
EII E NO	WIII EEE 10 6160.0			. DAIC			

•	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signs	ture required when reinstating)	DATE	•	<del>_</del>
Aft Make Che	FILE NOW!!! FEE IS \$150.00 er May 1, 2003 Fee will be \$550.00 ck Payable to Florida Department of State		, , , , , , , , , , , , , , , , , , ,	ction Campaign Financing st Fund Contribution.	\$5.0 Added	0 May Be to Fees
10.	OFFICERS AND DIRECTORS	11.	ADDITIONS/	CHANGES TO OFFICERS A	ND DIRECTORS	SIN 11
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	PEMBROKE PINES FL 33027	te TITLE NAME STREET ADDRESS CITY- ST-ZIP			Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PEMBROKE PINES FL 33027	te TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP			☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	VP LORSE, EDWIN 15999 SW 13TH STREET PEMBROKE PINES FL 33027	NAME STREET ADDRESS CITY-ST-ZIP	gen was 2.	rado fada o Alam II.	· Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delet	B TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	□ Deleti	e TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition

12. I hereby certify that the information supplied with this filing dees 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 10 or Block 11 if

SIGNATURE: