

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Apr 05, 2001 8:00 am**  
**Secretary of State**

04-05-2001 90079 026 \*\*\*150.00

**DOCUMENT # P99000090684**

1. Entity Name

**USA DISCOUNT LIGHTING.COM, INC.**

Principal Place of Business

**3530 MYSTIC POINTE DR LPH-9  
AVENTURA FL 33180**

Mailing Address

**3530 MYSTIC POINTE DR LPH-9  
AVENTURA FL 33180**

**USADiscountLighting.Com, Inc.  
17198 Bermuda Village Drive  
Boca Raton, FL 33487**

**USADiscountLighting.Com, Inc.  
17198 Bermuda Village Drive  
Boca Raton, FL 33487**



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0957725**

Applied For  
Not Applicable

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**

**BERRY, MICHAEL B  
3530 MYSTIC POINTE DR LPH-9  
AVENTURA FL 33180**

Name

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

**Michael B. Berry**

**17198 Bermuda Village Drive**

City **Boca Raton, FL 33487**

**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 fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**4.2.01**

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, 2001 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. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DPS BERRY, MICHAEL B 3530 MYSTIC POINTE DR LPH-9 AVENTURA FL 33180</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Michael B. Berry 17198 Bermuda Village Drive Boca Raton, FL 33487</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Michael B. Berry 4.2.01 561-988-6994**

Date

Daytime Phone #

CR2E034 (10/00)