

2000 UNIFORM BUSINESS REPORT (UBR)

4/3.

FILED
May 10, 2000 8:00 am
Secretary of State

04-03-2000 90177 041 ***150.00

DOCUMENT # P99000092963

1. Entity Name

USA GOLD INTERNATIONAL PC, INC.

Principal Place of Business

**8051 NW 36TH STREET, SUITE 609
 MIAMI FL 33166**

Mailing Address

**8051 NW 36TH STREET, SUITE 609
 MIAMI FL 33166-6626**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

650958750

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**RINCON, LIZBELL
 3117 NW 100TH PLACE
 MIAMI FL 33172**

7. Name and Address of New Registered Agent

Name **ALEJANDRO MORENO**

Street Address (P.O. Box Number is Not Acceptable)
4320 NW 79 AVE #2-E

City **MIAMI**

FL

Zip Code **33166**

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
PRESIDENT	ALEJANDRO MORENO	4320 NW 79 AVE #2-E	MIAMI FL 33166		

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

ALEJANDRO E MORENO

Date

04-13-00

Daytime Phone #

305-629-94-59

CR2E034 (9/99)