CARMEN CORBO-RODRIGUEZ

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State
05-13-2002 90158 019 ***150.00

DOCUMENT # P99000093457

1. Entity Name
US-4U, INC.

Principal Place of Business
1985 S OCEAN DRIVE
3M
HALLANDALE FL 33009

Mailing Address
435 SW 123 AVENUE
MIAMI FL 33184

[redacted]

2. Principal Place of Business: 2030 S. OCEAN DRIVE
Suite, Apt. #, etc.: 2024
City & State: Hollandale FL
Zip: 33009 Country: BROWARD

3. Mailing Address: 2030 S. OCEAN DRIVE
Suite, Apt. #, etc.: 2024
City & State: Hollandale FL
Zip: 33009 Country: BROWARD

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0969241

5. Certificate of Status Desired ☐ $8.75 Fee Required

6. Name and Address of Current Registered Agent

CAMPANA, REYES
13501 SW 151TH TERRACE
MIAMI FL 33172-

7. Name and Address of New Registered Agent
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 $150.00
After May 1, 2002 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5 Additional

11. OFFICERS AND DIRECTORS

TITLE	P	☐ Delete
NAME	CAMPANA, REYES	
STREET ADDRESS	13501 SW 151TH TERRACE	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
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CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
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TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE		☐ Change
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change
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TITLE		☐ Change
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change
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] 4/24/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR