

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000101371

1. Entity Name  
**US MANAGEMENT GROUP INC.**

FILED

01 MAY 10 AM 11:55

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
**8004 NW 154 Street #101 MIAMI LAKES, FL 33016** **8004 NW 154 ST. #101 Miami Lakes, FL 33016**

2. Principal Place of Business		3. Mailing Address		4. FEI Number		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		<b>65-0966381</b>		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
Zip	Country	Zip	Country				

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>RICHARD GUTIERREZ</b> <b>8004 NW 154 Street #101</b> <b>Miami Lakes, FL 33016</b>				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City			
				Zip Code			
				Name <b>Maydelis Gutierrez</b> Street Address <b>8004 NW 154 Street #101</b> City <b>Miami Lakes, FL</b> Zip Code <b>33016</b>			

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  DATE \_\_\_\_\_

Signature, typed for printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<b>DP</b>	TITLE	<b>President</b>
NAME	<b>MAYDELIS GUERRA</b>	NAME	<b>MAYDELIS GUTIERREZ</b>
STREET ADDRESS	<b>8004 NW 154 Street #101</b>	STREET ADDRESS	<b>8004 NW 154 Street #101</b>
CITY-ST-ZIP	<b>Miami Lakes, FL 33016</b>	CITY-ST-ZIP	<b>Miami Lakes, FL 33016</b>
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:  DATE: **(305) 231-4561**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

UBR2E034 (11/00)

DATE: 5/3/01

FL. DEPARTMENT OF STATE  
ANNUAL REPORT

PER OUR CONVERSATION PLEASE CHECK YOUR RECORDS THAT MY

CORPORATION: US Management Group Inc.

DOCUMENT # P99000 101371

NEVER RECEIVED THE ANNUAL REPORT THIS YEAR. PLEASE ACCEPT OUR  
PAYMENT WITHOUT PENALTY DUE TO THAT WE NEVER RECEIVED THE  
REPORT.

THANKING YOU IN ADVANCE:

  
SIGNATURE

Maydelis G-tierrez, President  
PRINT NAME/TITLE