

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90394 031 ***163.75

DOCUMENT # 544523

1. Entity Name

U.S. FINANCIAL NETWORK, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

757 SE 17TH ST

Suite, Apt. #, etc.

SUITE 550

City & State

FT. LAUDERDALE, FL

Zip

33316

Country

U.S.

3. Mailing Address

757 SE 17TH ST

Suite, Apt. #, etc.

SUITE 550

City & State

FT LAUDERDALE, FL

Zip

33316

Country

U.S.

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4. FEI Number

65-0252913

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

S. SCOTT

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

757 SE 17TH ST SUITE # 550

City

FT LAUD

FL

Zip Code

33316

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) ☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

P.C.D
Jim Smith
757 SE 17TH ST # 550
FT. LAUD, FL 33316

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)