

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

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DOCUMENT # S49287

1. Entity Name:

U.S. ALLIANCE SERVICES CORPORATION

FILED

02 NOV 12 PM 3:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1460 N.W. 107th Ave.

Suite, Apt. #, etc.

Suite L

City & State

Miami, FL

Zip

33172

Country

USA

3. Mailing Address

1460 N.W. 107th Ave.

Suite, Apt. #, etc.

Suite L

City & State

Miami, FL

Zip

33172

Country

USA

4. FEI Number

650297068

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Bey Sedaghat

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

1460 N.W. 107th Ave. Suite L

City

Miami

FL

Zip Code
33172

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 registrant agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/1/02
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	Bey Sedaghat President 1460 N.W. 107th Ave. Suite L Miami, FL 33172	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: ☒

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NOV. 1 02 *306 796-2710*
Date Daytime Phone #

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Law Offices
Michael William Skop, P.A.
12865 West Dixie Highway
Second Floor
North Miami, FL 33161

Michael William Skop

Telephone (305) 899-8588
Facsimile (305) 892-8434

November 5, 2002

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: U.S. Alliance Services Corp.

Dear Sir/Madam:

Please be advised that this office represents U.S. Alliance Services Corp. I spoke with your office yesterday, and was advised to send this letter of explanation along with a completed Uniform Business Report and check for \$150.00.

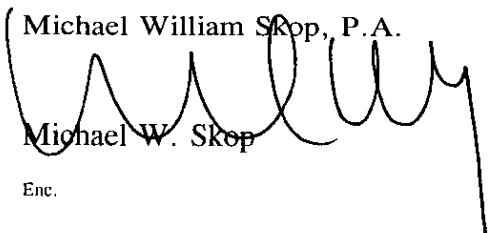
It appears that the above-referenced company became dissolved for its failure to file an annual report, on October 4, 2002, one month ago. Our client had moved business locations (which is demonstrated on the new UBR), and apparently did not receive the annual report which needed to be completed. Our client had asked me to follow through a few months ago to check its status with your office, knowing that the report would be due soon, however, I frankly dropped the ball and did not correspond as required.

Accordingly, we would appreciate your consideration in accepting the completed UBR, and the fee of \$150.00.

If you have any questions, please call.

Sincerely,

Michael William Skop, P.A.


Michael W. Skop

Enc.