

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90084 031 ***150.00

DOCUMENT # 577517
1. Entity Name U.S.A. Service Contract, Inc.

Principal Place of Business 1200 S. Federal Hwy
 FT. LAUDERDALE, FL. 33316
Mailing Address 2700 W ATLANTIC BLVD
 #204
 Pompano Beach, FL

2. Principal Place of Business 700 W ATLANTIC BLVD
 Suite, Apt. #, etc. #204
 City & State Pompano Beach, FL
 Zip Country 33069 USA
3. Mailing Address 2700 W ATLANTIC BLVD
 Suite, Apt. #, etc. #204
 City & State Pompano Beach, FL
 Zip Country 33069 USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0289268
 Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 ORRIN BEILLY
 105 S. NARCISSUS AVE #705
 WEST PALM BEACH, FL. 33401

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. ☐ **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 | | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
|----------------------------|-------------------|-------------------------------------------------------|-------------------------------------------------------|------|-------------------------------|
| TITLE | NAME | STREET ADDRESS CITY-ST-ZIP | TITLE | NAME | STREET ADDRESS CITY-ST-ZIP |
| | PS MARGOLIS, MARK | 2700 W. ATLANTIC BLVD #204 Pompano Beach, FL 33069 | | | |
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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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] PRES- 4-13-00 954917-6717
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)