

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S94120

1. Entity Name
U.S. LIFT, INC.

FILED
May 04, 2001 8:00 am
Secretary of State

05-04-2001 90113 025 ***150.00

Principal Place of Business

7855 NW 77 AVENUE
MIAMI FL 33166
US

Mailing Address

5439 NW 36TH ST.
MIAMI FL 33166

00001020



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1565 W. 34 PL.

3. Mailing Address
1565 W 34 PL.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Hialeah, FL

City & State
Hialeah, FL

4. FEI Number 65-0311616

Applied For
Not Applicable

Zip
33012

Country
usa.

Zip
33012

Country
U.S.A.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KRUSZEWSKI, ANTHONY E.
7500 S. W. 128TH STREET
MIAMI FL 33156

Name
Jorge L. Rodriguez

Street Address (P.O. Box Number is Not Acceptable)
7965 NW. 162 ST.

City
Miami Lakes FL Zip Code
33016

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]*
Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/30/01

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, 2001 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
DCV
KRUSZEWSKI, ANTHONY E.
5439 NW 36TH ST.
MIAMI FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Jorge L. Rodriguez
1565 W. 34 PL.
Hialeah, FL. 33012 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVS
KRUSZEWSKI, ROSE
5439 NW 36TH ST.
MIAMI FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PT
KRUSZEWSKI, JOHN
5439 NW 36TH ST.
MIAMI FL 33166 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
RUSSO, S. FRANK
5439 NW 36 ST
MIAMI FL 33166 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Belinda Rodriguez
1565 W. 34 PL.
Hialeah, FL. 33012 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/30/01

CR2E034 (10/00)