

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 19, 2000 8:00 am**  
**Secretary of State**

05-19-2000 90042 042 \*\*\*158.75

**DOCUMENT # V01438**  
 1. Entity Name  
**OFFICE USA CORP.**

Principal Place of Business <b>6812 N.W. 77TH CT. MIAMI FL 33166</b>	Mailing Address <b>6812 N.W. 77TH CT. MIAMI FL 33166-2713</b>
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2. Principal Place of Business <b>6950 NW 77TH COURT</b> Suite, Apt. #, etc.	3. Mailing Address <b>6950 NW 77TH COURT</b> Suite, Apt. #, etc.
City & State <b>MIAMI, FL</b>	City & State <b>MIAMI, FL</b>
Zip <b>33166</b>	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0307595**

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

6. Name and Address of Current Registered Agent  
**LEYVA, GIRALDO**  
**6950 NW 77TH COURT**  
**MIAMI FL 33166**

Applied For  Not Applicable

7. Name and Address of New Registered Agent  
 Name **GIRALDO LEYVA JR**  
 Street Address (P.O. Box Number is Not Acceptable) **6950 NW 77TH COURT**  
 City **MIAMI** FL Zip Code **33166**

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 \_\_\_\_\_ (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)

**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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVS</b> <b>LEYVA, GIRALDO</b> <b>6812 N.W. 77 COURT</b> <b>MIAMI FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> <b>LEYVA, AURELIO A.</b> <b>6812 NW 77 COURT</b> <b>MIAMI FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS</b> <b>MIR, HECTOR J</b> <b>2655 LE JEUNE RD #1107</b> <b>CORAL GABLES FL</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>6950 NW 77TH CT</b> <b>MIAMI, FL 33166</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>6950 NW 77TH CT</b> <b>MIAMI, FL 33166</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>D</b> <b>GIRALDO LEYVA JR</b> <b>6950 NW 77TH CT</b> <b>MIAMI, FL 33166</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 reports 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)