

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

DOCUMENT # V36082

1. Entity Name

DISCOUNT SIGNS U.S.A. INC

FILED

03 APR 14 PM 2:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500016130795
04/17/03--01009--027 **150.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9500 NW 77 AV #21

3. Mailing Address

Same -

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hialeah Gardens

City & State

4. FEI Number

Applied For

Not Applicable

Zip

Country

FL 33016

DATE

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Claudio H. Benton

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

17900 NW 85 Ave

City

Miami - FL

FL

Zip Code

33015

**DO NOT WRITE
IN THIS SPACE**

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

Claudio H. Benton

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

(NOTE: Registered Agent signature required when reinstating)

DATE

April 7/03

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
PRESIDENT	<u>Claudio H. Benton</u>	<u>9500 NW 77 Ave #21</u>	<u>Hialeah Gardens, FL 33016</u>
SECRETARY	<u>Roberto Padrozo</u>	<u>9500 NW 77 AV #21</u>	<u>Hialeah Gardens, FL 33016</u>

**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)(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:

Claudio H. Benton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

April 7/03 305 5560096

21 4/15