

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V69638

1. Entity Name

PROPERTIES U.S.A., INC.

**FILED**  
**Mar 20, 2000 8:00 am**  
**Secretary of State**

03-20-2000 90043 015 \*\*\*150.00

Principal Place of Business

1826 PONCE DE LEON BLVD  
CORAL GABLES FL 33134  
US

Mailing Address

~~1826 PONCE DE LEON~~  
~~CORAL GABLES FL 33134 4410~~  
~~US~~

2. Principal Place of Business

3. Mailing Address

5820 SW 38 ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

MIAMI

City & State

FLORIDA

4. FEI Number

65-0362369

Applied For

Not Applicable

Zip

33134

Country

Zip

33155

Country

US

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

JARDINES, ANA C.  
1826 PONCE DE LEON BLVD  
CORAL GABLES FL 33134

Name

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

5820 SW 38 ST.

MIAMI, FL.

City

FL

Zip Code

33155

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.  
(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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME JARDINES, ANA C.  
STREET ADDRESS 1826 PONCE DE LEON BLVD  
CITY-ST-ZIP CORAL GABLES FL 33134 ☐ Delete

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 5820 SW 38 ST.  
CITY-ST-ZIP MIAMI, FL 33134

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/8/2000 (305) 661-0305