

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 15, 2002 8:00 am**  
**Secretary of State**

02-15-2002 90012 026 \*\*\*150.00

0037700A AV

**DOCUMENT # P01000010650**

1. Entity Name  
**1012 USA, CORP.**

Principal Place of Business  
**5440 STATE ROAD 7, SUITE 221  
 FORT LAUDERDALE FL 33319**

Mailing Address  
**5440 STATE ROAD 7, SUITE 221  
 FORT LAUDERDALE FL 33319**

2. Principal Place of Business  
**1290 Weston Rd**

3. Mailing Address  
**1290 Weston Rd**

Suite, Apt. #, etc.  
**Suite 210**

Suite, Apt. #, etc.  
**Suite 210**

City & State  
**Weston, FL 33326**

City & State  
**Weston T**

4. FEI Number  
**65-1102134**

Applied For  
 Not Applicable

Zip  
**33326**

Country  
**USA**

Zip  
**33326**

Country  
**USA**

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

**6. Name and Address of Current Registered Agent**

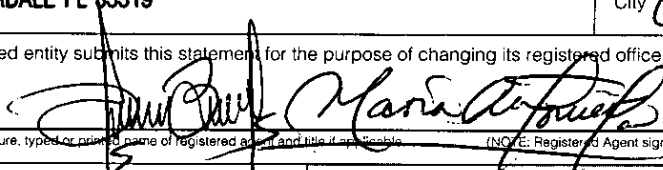
**GLOBAL BUSINESS SOLUTIONS GROUP CORP.  
 5440 STATE ROAD 7  
 SUITE 221  
 FORT LAUDERDALE FL 33319**

**7. Name and Address of New Registered Agent**

Name **GBS CONSULTANTS**  
 Street Address (P.O. Box Number is Not Acceptable) **1290 Weston Rd Suite 210**  
 City **Weston** FL Zip Code **33326**

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



01/28/02

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, 2002 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**

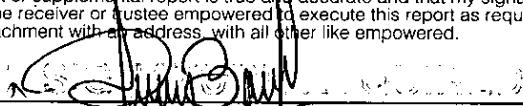
TITLE	<b>PTD</b>	<input type="checkbox"/> Delete
NAME	<b>BONALDE, YOVANY J</b>	
STREET ADDRESS	<b>5440 STATE ROAD 7, SUITE 221</b>	
CITY-ST-ZIP	<b>FORT LAUDERDALE FL 33319</b>	
TITLE	<b>VSD</b>	<input type="checkbox"/> Delete
NAME	<b>BONALDE, HILDA C</b>	
STREET ADDRESS	<b>5440 STATE ROAD 7, SUITE 221</b>	
CITY-ST-ZIP	<b>FORT LAUDERDALE FL 33319</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:



01/28/02 954-659-8835

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)