

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000099143

1. Entity Name

THE INDIES GROUP, INC.

FILED
Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90055 025 ***150.00

Principal Place of Business

141 CRANDON BLVD. STE.447
KEY BISACAYNE FL 33149

Mailing Address

141 CRANDON BLVD. STE.447
KEY BISACAYNE FL 33149-0298

2. Principal Place of Business

115 SUNRISE DR. #3D

Suite, Apt. #, etc.

KEY BISACAYNE FL

City & State

FLORIDA

Zip

33149

Country

USA

3. Mailing Address

PO BOX 490298

Suite, Apt. #, etc.

KEY BISACAYNE

City & State

FLORIDA

Zip

33149

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0795508

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GARCIA, JOSE A
141 CRANDON BLVD. STE.447
KEY BISACAYNE FL 33149

7. Name and Address of New Registered Agent

Name GARCIA JOSE A.

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

115 SUNRISE DR. 3D

KEY BISACAYNE

FL

Zip Code 33149

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

TITLE D ☐ Delete
NAME GARCIA, JOSE A
STREET ADDRESS 141 CRANDON BLVD. STE.447
CITY-ST-ZIP KEY BISACAYNE FL 33149

TITLE D ☐ Delete
NAME GILMARTINS, JAMES
STREET ADDRESS 141 CRANDON BLVD. STE.447
CITY-ST-ZIP KEY BISACAYNE FL 33149

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE ☐ Change ☐ Addition
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 #

CR2E034 (9/99)