

# 2001 UNIFORM BUSINESS REPORT (UBR)

0010624 AF

**DOCUMENT # L00000008408**

1. Entity Name  
**INAEXPO USA, LTD. CO.**

APPROVED  
AND  
FILED

01 APR 26 AM 8:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
**3900 N.W. 79TH AVENUE, SUITE 532  
MIAMI FL 33166**

Mailing Address  
**3900 N.W. 79TH AVENUE, SUITE 532  
MIAMI FL 33166**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**3900 N.W. 79th Ave**

Suite, Apt. #, etc.

**SUITE 570**

City & State

**MIAMI, FLORIDA**

Zip

**33166**

Country

**U.S.A.**

3. Mailing Address

**3900 N.W. 79th AVENUE**

Suite, Apt. #, etc.

**SUITE 570**

City & State

**MIAMI, FLORIDA**

Zip

**33166**

Country

**U.S.A.**

4. FEI Number

**65-1027749**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**NETSCH, MATTE R  
235 S.W. LEJEUNE ROAD  
MIAMI FL 33134**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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

**FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
GAME, KLAUS  
3900 N.W. 79TH AVENUE, SUITE 532  
MIAMI FL 33166** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
**800004195168--4  
-05/11/01--01030--005**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
**\*\*\*\*\*50.00 \*\*\*\*\*50.00**

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

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

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

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

**SIGNATURE: KLAUS GAMEIRO**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**4/23/01**

**305-599-8877**

Date

Daytime Phone #

CR2E083 (11/00)