

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90113 028 ***150.00

DOCUMENT # F99000004056

1. Entity Name
INGENICO IVI INC.

Principal Place of Business
2655 LE JEUNE ROAD, SUITE 201
CORAL GABLES FL 33134

Mailing Address
2655 LE JEUNE ROAD, SUITE 201
CORAL GABLES FL 33134

2. Principal Place of Business
2655 Le Jeune Road

3. Mailing Address
2655 Le Jeune Road

Suite, Apt. #, etc.
Suite 541

Suite, Apt. #, etc.
Suite 541

City & State
Coral Gables, FL

City & State
Coral Gables, FL

4. FEI Number **91-1780883**

Applied For
 Not Applicable

Zip
33134

Country
U.S.A.

Zip
33134

Country
U.S.A.

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

6. Name and Address of Current Registered Agent

UNITED CORPORATE SERVICES INC.
9200 S. DADELAND BLVD., SUITE 508
MIAMI FL 33156

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

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 ☐ **\$5.00 May Be Added to Fees**
 - Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
CDP
COMPAIN, GERARD ☐ Delete
2655 LEJEUNE ROAD PH 1G
CORAL GABLES FL 33134

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
DV
THOMSON, L. BARRY ☐ Delete
2655 LEJEUNE ROAD PH 1G
CORAL GABLES FL 33134

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
DS
FILIPPINI, JEAN L ☐ Delete
2655 LEJEUNE ROAD PH 1G
CORAL GABLES FL 33134

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
V
RAIMONDI, HILARIO ☐ Delete
2655 LEJEUNE ROAD PH 1G
CORAL GABLES FL 33134

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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 CITY-ST-ZIP
☐ Change ☐ Addition

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 REQUIRED
Hilario Raimondi

2/25/02

305-443-4233

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)