2001 UNIFORM BUSINESS REPORTED BR) **DOCUMENT # G19469** 1. Entity Name INCOAR CORP

FILED Apr 30, 2001 8:00 am Secretary of State

ПООДП	OOM :					04-30-2001 9	90380 04	46 ***150	0.00	
Principal Place of Business 9440 BOCA RIVER CIR BOCA RATON FL 33434 US		Mailing Address 9440 BOCA RIVER CIR BOCA RATON FL 33434 US			1 (188 1(1) 1881)				(5)) 015)1 1 25 1	
2. Principal Place of Business		3. Malling Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRIT	E IN THIS	SPACE		
City & State		City & State		4.	FEI Number	59-2260802			pplied For]
Zip	Country	Zip	Country	5.	Certificate of 8	Status Desired		\$8.75 Ac	Iditional	7
	6. Name and Address of Current R	egistered Agent		7.	Name and Ad	dress of New Ro	gistered.	Agent]
9440	CORREA BOCA RIVER CIR A RATON FL 33434		ess (P.O. Box Number is Not Acceptable)							
			City	_	-	1	FL	Zip Coo	de	7
8. The above	named antity submits his statement for the state		egistered office or regi			n the State of Flo	rida.			
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, 2001 Fee will be \$550.00 Make Check Payable to Department of St				n Campaign Fina und Contribution			O May Be d to Fees	
11.	OFFICERS AND D		12.	ΑC	DITIONS/CHA	ANGES TO OFFI	CERS AND	DIRECTOR	S IN 11	1,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST CORREA, LUIS 9440 BOCA RIVER CIRCLE BOCA RATON, FL 00000	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Change	Addition	(10/0L)
TITLE NAME STREET ADDRESS "CITY" ST-ZIP"	ngang ^{wa} n sasaga at sangsara san	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		-	•	=' * ==- }	☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			!		☐ Change	☐ Addition	
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13. I hereby condicated of the corrections	ertify that the information supplied with the on this report or supplementally bort is troporation or the ecceiver or trusted empow or on an attachment with an address, with	nis filing does not qualify for th ue and accurate and that my ered to execute this report as h all other like empowered.	e exemption stated in signature shall have the required by Chapter	Section ne same 607, Flori	119.07(3)(i), Fl legal effect as da Statutes; ar	orida Statutes. I i if made under oa nd that my name	further cert ath; that I a appears in	tify that the in am an officer in Block 11 o	nformation or director r Block 12 if	

4-9.01

- 561.482.6923

Daytime Phone #