

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90157 014 ***158.75

DOCUMENT # **G52425**

1. Entity Name
INTRADECO, INC.



Principal Place of Business
7300 BIRD ROAD
SUITE 200
MIAMI FL 33155-6600

Mailing Address
7300 BIRD ROAD
SUITE 200
MIAMI FL 33155-6600

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2313297**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SIMAN, JOSE
7300 BIRD ROAD
SUITE 200
MIAMI FL 33155

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **SIMAN, JOSE EDUARDO**
STREET ADDRESS **7300 BIRD ROAD, S-#200**
CITY-ST-ZIP **CORAL GABLES FL**

☐ Change ☐ Addition

TITLE **VP** ☐ Delete
NAME **SIMAN, FELIX JOSE**
STREET ADDRESS **7300 BIRD ROAD, S-#200**
CITY-ST-ZIP **CORAL GABLES FL**

vice-president ☒ Change ☐ Addition
NAME **Siman, Felix Jose**
STREET ADDRESS **7300 Bird Rd S-#200**
CITY-ST-ZIP **Miami, Florida 33155**

TITLE **D** ☒ Delete
NAME **SIMAN, GUILLERMO**
STREET ADDRESS **7300 BIRD ROAD, S-#200**
CITY-ST-ZIP **CORAL GABLES FL**

☐ Change ☐ Addition

TITLE **ST** ☐ Delete
NAME **SIMAN, TEOFILO**
STREET ADDRESS **7300 BIRD ROAD, S-#200**
CITY-ST-ZIP **CORAL GABLES FL**

Secretary Treasurer ☒ Change ☐ Addition
NAME **Siman Teofilo**
STREET ADDRESS **7300 Bird Rd, S. #200**
CITY-ST-ZIP **Miami, FL 33155**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

12. 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 10 or Block 11 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

2/12/03 **905-264-8888**
Date Daytime Phone #

CR2E034 (10/02)