

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H72899

1. Entity Name

THE INDIA LETICIA CORPORATION

**FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**

05-01-2000 90425 017 \*\*\*150.00

Principal Place of Business

Mailing Address

200 S. BISCAYNE BLVD  
20TH FLOOR  
MIAMI FL 33131  
US

200 S. BISCAYNE BLVD.  
20TH FLOOR  
MIAMI FL 33131-2310  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2721976**

Applied For

Not Applicab

Zip

Country

Zip

Country

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

ROSSZ FIU CORPORATION  
200 S. BISCAYNE BLVD.  
20TH FLOOR  
MIAMI FL 33131

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete  
NAME **CHEEZEM, CHARLES K**  
STREET ADDRESS **200 S. BISCAYNE BLVD., 20TH FLOOR**  
CITY-ST-ZIP **MIAMI FL**

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

TITLE **S** ☐ Delete  
NAME **CHEEZEM, JAN CARSON**  
STREET ADDRESS **200 S. BISCAYNE BLVD., 20TH FLOOR**  
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ Change ☐ Additk  
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CITY-ST-ZIP

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:

*Jan Carson Cheezem* **Jan Carson Cheezem** 4/26/00 305 358 7605

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #