

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 05, 2002 8:00 am
Secretary of State

06-05-2002 90416 001 ***150.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # J27859

1. Entity Name
INCOR-USA, INCORPORATED

Principal Place of Business
3315 CHATSWORTH LN.
ORLANDO FL 32812
US

Mailing Address
3315 CHATSWORTH LN.
ORLANDO FL 32812
US

2. Principal Place of Business

1277 N Seminole Blvd

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.
109

City & State
Orlando FL

Zip
32807

Country
U.S.

Zip

Country

4. FEI Number **59-2960686**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

REINA, ERASMO
3315 CHATSWORTH LANE
ORLANDO FL 32806

32812

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
PD	REINA, ERASMO	3315 CHATSWORTH LANE	ORLANDO FL 32812	<input type="checkbox"/>	<input type="checkbox"/>
VD	REINA, LUIS E	3315 CHATSWORTH LANE	ORLANDO FL 32812	<input type="checkbox"/>	<input type="checkbox"/>
TD	REINA, WILSON E	3315 CHATSWORTH LANE	ORLANDO FL 32812	<input type="checkbox"/>	<input type="checkbox"/>
SD	REINA, RICARDO	3315 CHATSWORTH LANE	ORLANDO FL 32812	<input type="checkbox"/>	<input type="checkbox"/>
D	REINA, JUAN P	3315 CHATSWORTH LANE	ORLANDO FL 32812	<input type="checkbox"/>	<input type="checkbox"/>
D	REINA, JOHN F	3315 CHATSWORTH LANE	ORLANDO FL 32812	<input type="checkbox"/>	<input type="checkbox"/>

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)