

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2003 8:00 am**  
**Secretary of State**

04-11-2003 90090 019 \*\*\*150.00

**DOCUMENT # J27859**

1. Entity Name  
**INCOR-USA, INCORPORATED**



Principal Place of Business  
**1277 N SEMORAN BLVD**  
**#109**  
**ORLANDO FL 32807**  
**US**

Mailing Address  
**3315 CHATSWORTH LN**  
**ORLANDO FL 32812**  
**US**



2. Principal Place of Business  
**3172 NE 211 STREET**  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
**AVENTURA, FLORIDA**

City & State

4. FEI Number **59-2960686**

Applied For  
Not Applicable

Zip Country  
**33180 USA**

Zip Country

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

☐ CHECK HERE IF MAKING CHANGES

## 6. Name and Address of Current Registered Agent

**REINA, ERASMO**  
**3315 CHATSWORTH LANE**  
**ORLANDO FL 32812**

## 7. Name and Address of New Registered Agent

Name  
**ERASMO REINA**  
Street Address (P.O. Box Number is Not Acceptable)  
**3172 NE 211 STREET**  
City  
**AVENTURA FL** Zip Code  
**33180**

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 fee, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**04/07/2003**

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

## 10. OFFICERS AND DIRECTORS

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

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REINA, ERASMO	
STREET ADDRESS	3172 NE 211 ST.	
CITY-ST-ZIP	AVENTURA, FL. 33180	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04/07/03 (305) 828-7227**

Date

Daytime Phone #

CR2E034 (10/02)