

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000010184

1. Entity Name

INCAMERICA, LLC

FILED

01 SEP 10 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

9621 VINEYARD COURT
BOCA RATON FL 33428

Mailing Address

9621 VINEYARD COURT
BOCA RATON FL 33428

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

65-1036226

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SINGER, BERNARD A
4925-A SHERIDAN STREET
HOLLYWOOD FL 33021

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

7. Name and Address of New Registered Agent

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 26, 2001.

700004603377-8
-09/20/01--01095--014
*****50.00 *****50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MEMBER	<input type="checkbox"/> Delete
NAME	HAAS, RENE	
STREET ADDRESS	3621 VINEYARD COURT	
CITY-ST-ZIP	BOCA RATON, FL 33428	
TITLE	MEMBER	<input type="checkbox"/> Delete
NAME	ELSINGER, MARKUS	
STREET ADDRESS	6478 BRAVA WAY	
CITY-ST-ZIP	BOCA RATON, FL 33433	
TITLE	OPERATIONS MANAGER	<input type="checkbox"/> Delete
NAME	HILLER LEO	
STREET ADDRESS	3621 VINEYARD CT	
CITY-ST-ZIP	BOCA RATON, FL 33428	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

SIGNATURE M. A. DRUSELSINGER

09/07/2001 (561) 883-9474

000418

CR2E083 (5/01)

STAMP CHECK HERE