

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000019320

1. Entity Name  
LIGON - USA, INC.

**FILED**  
**May 03, 2001 8:00 am**  
**Secretary of State**

05-03-2001 90933 036 \*\*\*150.00

Principal Place of Business  
8190 SW 79 TERRACE  
MIAMI FL 33134

Mailing Address  
8190 SW 79 TERRACE  
MIAMI FL 33134

540004



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**7220 NW 36 ST.**  
Suite, Apt., #, etc.  
**515**

3. Mailing Address  
**7220 NW 36 ST**  
Suite, Apt., #, etc.  
**515**

City & State  
**MIAMI FLORIDA**

City & State  
**MIAMI FLORIDA**

4. FEI Number **65-0985677** Applied For  
Not Applicable

Zip Country  
**33166 USA**

Zip Country  
**33166 USA**

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

**LINERO, ALBERTO**  
**8190 SW 79 TERRACE**  
**MIAMI FL 33134**

Name **LINERO, ALBERTO**  
Street Address (P.O. Box Number is Not Acceptable)  
**7220 NW 36 ST. SUITE 515**  
City **MIAMI** FL Zip Code **33166**

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 **ALBERTO LINERO** **4-25-01**  
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, 2001 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 ☐ Delete  
NAME **D LINERO, ALBERTO**  
STREET ADDRESS **8190 SW 79 TERRACE**  
CITY-ST-ZIP **MIAMI FL 33134**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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CITY-ST-ZIP

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, 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 to an address, with all other like empowered.

SIGNATURE: **ALBERTO LINERO** **4-25-01 3055948194**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)