FILED
May 10, 2002 8:00 am
Secretary of State

05-10-2002 90055 040 ***150.00

2002

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000020827

1. Entity Name: INESCA IMPORT INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 4835 SW 135 PL
Suite, Apt. #, etc.
City & State: Miami Fl 33175
Zip: 33175 Country: USA

3. Mailing Address: 4835 SW 135 PL
Suite, Apt. #, etc.
City & State: Miami Fl
Zip: 33175 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0986752 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: Alberto Cresp.
Street Address (P.O. Box Number is Not Acceptable): 3315 SW 115 CT
City: Miami FL Zip Code: 33165

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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE	P/T/D
NAME	CARRAL, INES
STREET ADDRESS	4835 SW 135 PL
CITY-ST-ZIP	MIAMI Fl 33184
TITLE	S/D
NAME	Crespo Alberto
STREET ADDRESS	3315 SW 115 CT
CITY-ST-ZIP	Miami Fl 33165
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] I. CARRAL 4/26/02 305-553-0231
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #