

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P000000 63862**

1. Entity Name

In sforge, Inc

FILED

02 APR -5 PM 5:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4920 NW 79 Ave

3. Mailing Address

Same

Suite, Apt. #, etc.

Apt 211

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Zip

33166

Country

Zip

Country

4. FEI Number

65-1021060

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

James Suarez, Gabriele

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

4290 NW 79 Ave Apt 211

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

Signature, type or printed name of registered agent and fee is applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE

2/22/02

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

NAME

STREET ADDRESS

CITY - ST - ZIP

**D
Jaime Suarez, Gabriele
4920 NW 79 Ave
Miami, FL 33166**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**700005308227--0
-04/19/02--01045--026
****150.00 ****150.00**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**D
Del Carmen Pereira, Herminda
4920 NW 79 Ave
Miami, FL 33166**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**DO NOT WRITE
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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)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/22/2002

CR2E034B (12/01)