

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

DOCUMENT #

1. Entity Name

AMERICOL IMPEX, CORP

800 0 00096830

FILED

02 OCT 31 AM 10:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4480 BAYSHORE DR.

3. Mailing Address
4480 BAYSHORE DR.

Suite, Apt. #, etc.
#240

Suite, Apt. #, etc.
#240

City & State
NAPLES, FL

City & State
NAPLES, FL

Zip
34112

Country
US

Zip
34112

Country
US

4. FEI Number
59-3692352

Applied For
Not Applicable

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

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**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
HERNANDO A. DUARTE

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

4480 BAYSHORE DR. #280

City
NAPLES

FL Zip Code
34112

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.

(NO I.L. Registered Agent signature required when reinstating)

10/29/02

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
NAME
STREET ADDRESS
CITY - ST - ZIP
HERNANDO A. DUARTE (P/D)
4480 BAYSHORE DR. #280
NAPLES, FL 34112

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
100008816301
11/06/02--01006--016 **158.75

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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)(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

10/29/02

Daytime Phone #

CR2E034B (12/01)

10/29/02



"... bringing the world closer together"

Dec 29, 2002

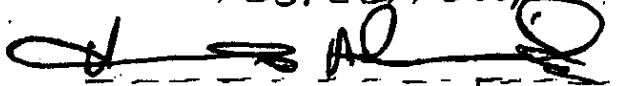
FLORIDA DEPT. OF STATE
DEPT. OF CORPORATIONS.

TO WHOM IT MAY CONCERN:

SINCE MAY OF 2002, I HAVE UNDERGONE
SURGERY AND OTHER SERIOUS PHYSICAL
ILLNESSES. I RESPECTFULLY REQUEST
CONSIDERATION FOR NOT FILING THE
2002 UNIFORM BUSINESS REPORT ON TIME,
NOR DID I EVER BECAME AWARE OF EVER
RECEIVING THE REPORT.

PLEASE ACCEPT MY SINCERE APOLOGIES.

RESPECTFULLY


HERNANDO A. DUARTE