

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 8:00 am
Secretary of State
 04-26-2001 90265 013 ***150.00

DOCUMENT # P00000101950

1. Entity Name

INTERWORKING USA, INC.

Principal Place of Business

**601 BRICKELL KEY DRIVE
 SUITE 802
 MIAMI FL 33131**

Mailing Address

**601 BRICKELL KEY DRIVE
 SUITE 802
 MIAMI FL 33131**

2. Principal Place of Business

1111 Lincoln Rd

Suite, Apt. #, etc.

Suite 875

City & State

MIAMI BEACH FLORIDA

Zip

33139

Country

USA

3. Mailing Address

1111 Lincoln Rd

Suite, Apt. #, etc.

Suite 875

City & State

MIAMI BEACH FLORIDA

Zip

33139

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1053873

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**VAZQUEZ, GERARDO A ESQ.
 601 BRICKELL KEY DRIVE
 SUITE 802
 MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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) ☐

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

TITLE	D	<input type="checkbox"/> Delete
NAME	CHRISTIAN LUCCO	
STREET ADDRESS	1111 LINCOLN RD SUITE 875	
CITY-ST-ZIP	MIAMI BEACH FL. 33139	
TITLE	P.T.S	<input type="checkbox"/> Delete
NAME	CHRISTIAN LUCCO	
STREET ADDRESS	1111 LINCOLN RD. SUITE 875	
CITY-ST-ZIP	MIAMI BEACH FL. 33139	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 or 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 with an address, with all other like empowered.

SIGNATURE:

CHRISTIAN LUCCO (D.P.T.S)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-2001

Date

305-948-5306

Daytime Phone #

CR2E034 (10/00)