

2002 UNIFORM BUSINESS REPORT (UBR)

6/26

FILED
Jul 11, 2002 8:00 am
Secretary of State

06-26-2002 90072 013 ***150.00

DOCUMENT # P00000101950

1. Entity Name
INTERWORKING USA, INC.

Principal Place of Business

1111 LINCOLN RD
SUITE 875
MIAMI BEACH FL 33139
US

Mailing Address

1111 LINCOLN RD
SUITE 875
MIAMI BEACH FL 33139
US

97081



2. Principal Place of Business

1574 WASHINGTON AVE

3. Mailing Address

1574 WASHINGTON AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
MIAMI BEACH FL

City & State
MIAMI BEACH FL

4. FEI Number 65-1053873

Applied For
Not Applicable

Zip Country
33139 US

Zip Country
33139 US

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
Christian Lucco
Street Address (P.O. Box Number is Not Acceptable)
1574 WASHINGTON AVE
City MIAMI BEACH FL Zip Code 33139

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 Christian Lucco

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

6-18-02

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, 2002 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	LUCCO, CHRISTIAN	
STREET ADDRESS	1111 LINCOLN RD., SUITE 875	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	PTS	<input type="checkbox"/> Delete
NAME	LUCCO, CHRISTIAN	
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		

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
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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-18-02

Date

305-534-0057

Daytime Phone #

CR2E034 (9/01)