

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2002 8:00 am
Secretary of State
 02-14-2002 90082 008 ***150.00

DOCUMENT # P00000113290

1. Entity Name
INGLOBAL SOLUTIONS, INC.

Principal Place of Business

4756 NW 99TH PLACE
MIAMI FL 33178

Mailing Address

4756 NW 99TH PLACE
MIAMI FL 33178

2. Principal Place of Business

7220 NW 36th Street

3. Mailing Address

7220 NW 36th Street

Suite, Apt. #, etc.

Suite 307

Suite, Apt. #, etc.

Suite 307

City & State

MIAMI FL

City & State

MIAMI, FL

Zip

33166

Country

USA

Zip

33166

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1118082

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

UMANA, JOSE R
4756 NW 99TH PLACE
MIAMI FL 33178

7. Name and Address of New Registered Agent

Name Augusto Beltran

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

7220 NW 36th Street Suite 307

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

Augusto Beltran

Augusto Beltran

1/27/02

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, 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	S	<input type="checkbox"/> Delete
NAME	UMANA, JOSE R	
STREET ADDRESS	4256 NW 99TH PLACE	
CITY-ST-ZIP	MIAMI FL 33178	
TITLE	P	<input type="checkbox"/> Delete
NAME	BELTRAN, AUGUSTO	
STREET ADDRESS	4256 NW 99TH PLACE	
CITY-ST-ZIP	MIAMI FL 33178	
TITLE	VP	<input type="checkbox"/> Delete
NAME	VIDIOS, TEOFILO	
STREET ADDRESS	4256 NW 99TH PLACE	
CITY-ST-ZIP	MIAMI FL 33178	
TITLE	T	<input type="checkbox"/> Delete
NAME	ACOSTA, ALFREDO	
STREET ADDRESS	4256 NW 99TH PLACE	
CITY-ST-ZIP	MIAMI FL 33178	
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	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JULIANA Lopez	
STREET ADDRESS	7220 NW 36th Street Suite 307	
CITY-ST-ZIP	MIAMI, FL 33166	
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:

Augusto Beltran

Augusto Beltran

1/27/02

305 639 9596

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)