FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

05-21-2002 91141 080 ***150.00
FILED
SECRETARY OF STATE

FILED
Nov 06, 2002 8:00
Secretary of State

DOCUMENT # P01000030067

1. Entity Name INDUEXCO USA, CORP.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
861 NW 85TH TERRACE	861 NW 85TH TERRACE
Suite, Apt. #, etc.: 1813	Suite, Apt. #, etc.: 1813
City & State: PLANTATION, FL	City & State: PLANTATION, FL
Zip: 33324 Country: BROWARD	Zip: 33139 Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-1089067 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: TOVAR, ILEANA A

Street Address (P.O. Box Number is Not Acceptable): 9900 STIRLING RD. STE. 218

City: COOPER CITY, FL 33156 **FL** Zip Code: 33139

8. The above named entity submits this statement for the purpose of changing its registered office ... 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) ☐

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	DP
NAME	GOMEZ JULIAN
STREET ADDRESS	861 NW 85TH TERRACE # 1813
CITY-ST-ZIP	PLANTATION, FL 33324
TITLE	DV
NAME	VARONA, BEATRIZ
STREET ADDRESS	861 NW 85TH TERRACE # 1813
CITY-ST-ZIP	PLANTATION, FL 33324
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 29/04/02 (305) 308 4771
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #