

FILED  
May 27, 2002 8:00 am  
Secretary of State

05-27-2002 90415 002 \*\*\*150.00

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

DOCUMENT # P01000038852

1. Entity Name

INDELEC, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
1515 NW 167TH STREET  
CROSSPOINTE AT GOLDEN GLADES

3. Mailing Address  
1515 NW 167TH STREET  
CROSSPOINTE AT GOLDEN GLADES

DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.  
SUITE 4-110 E/F

Suite, Apt. #, etc.  
SUITE 4-110 E/F

City & State  
MIAMI, FL

City & State  
MIAMI, FL

4. FEI Number  
65-1097223

Applied For  
Not Applicable

Zip  
33169

Country  
USA

Zip  
33169

Country  
USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
Glenn M. Cooper, Esq.

Street Address (P.O. Box Number is Not Acceptable)  
5201 Blue Lagoon Drive

Suite 100

City  
Miami

FL

Zip Code  
33126

8. The above named entity submits this statement for the purpose of changing its registered office for registered agent, or both, in the State of Florida.

SIGNATURE

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

Glenn M. Cooper, Esq.

(Note: Registered Agent signature required when reinstating)

5/8/02  
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 \$81.25  
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-STATE-ZIP  
C  
ARNAUD LEFORT  
61, CHEMIN DES POSTES  
59500 DOUAI, FRANCE

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
MD  
GUILLAUME BONNET  
1200 WEST AVENUE #1508  
MIAMI BEACH, FL 33139

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

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CITY-STATE-ZIP

**DO NOT WRITE  
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)(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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GUILLAUME BONNET, MANAGING DIRECTOR

5/8/02  
Date

305-430-9622  
Daytime Phone #

CR2E034B (12/01)