

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90220 021 ***150.00

DOCUMENT # P01000059046

1. Entity Name
BINCA, CORP.

Principal Place of Business

999 BRICKELL AVENUE
SUITE 700
MIAMI FL 33131

Mailing Address

999 BRICKELL AVENUE
SUITE 700
MIAMI FL 33131

2. Principal Place of Business

1188 Ginger Circle
 Suite, Apt. #, etc.

3. Mailing Address

1188 Ginger Circle
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Weston, FL

City & State

Weston, FL

4. FEI Number

☒ **Applied For**

☐ **Not Applicable**

Zip

33326

Country

Broward

Zip

33326

Country

Broward

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GRISALES & ALFANO, LLC
999 BRICKELL AVENUE
SUITE 700
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, 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 **PD** ☐ **Delete**
NAME **GARAVITO, ANTONIO JOSE**
STREET ADDRESS **16602 SADDLE CLUB ROAD**
CITY-ST-ZIP **WESTON FL 33326**

TITLE **VPD** ☐ **Delete**
NAME **GARAVITO, ALEXANDRA**
STREET ADDRESS **16602 SADDLE CLUB ROAD**
CITY-ST-ZIP **WESTON FL 33326**

TITLE **SD** ☐ **Delete**
NAME **UJFALUSSY, TEODORA**
STREET ADDRESS **16602 SADDLE CLUB ROAD**
CITY-ST-ZIP **WESTON FL 33326**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ **Change** ☐ **Addition**
NAME **Garavito, Antonio Jose.**
STREET ADDRESS **1188 Ginger Circle**
CITY-ST-ZIP **Weston, FL 33326**

TITLE **VPD** ☒ **Change** ☐ **Addition**
NAME **Garavito, Alexandra**
STREET ADDRESS **1188 Ginger Circle**
CITY-ST-ZIP **Weston, FL 33326**

TITLE **SD** ☒ **Change** ☐ **Addition**
NAME **UJFALUSSY TEODORA**
STREET ADDRESS **1188 Ginger Circle**
CITY-ST-ZIP **Weston, FL 33326**

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **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]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/10/02

Date

Daytime Phone #

(954) 2176038

CR2E034 (9/01)