

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90035 002 ***150.00

DOCUMENT # P01000071413

1. Entity Name

~~GIRoux LINCOLN, INC.~~

GIRoux U.S.A

NIC

AM

Principal Place of Business

Mailing Address

100 S.E. 2ND STREET

100 S.E. 2ND STREET

SUITE 2150

SUITE 2150

MIAMI FL 33131

MIAMI FL 33131

C/O CAPRICORN 8888 S.W. 136 ST - MIAMI FL 33176 #140

2. Principal Place of Business

3. Mailing Address

SAME

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ENGELS, MARTIN
 100 S.E. 2ND STREET
 SUITE 2150
 MIAMI FL 33131

Name

JULIA DIAZ

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

7448 S.W. 120 CT

City

MIAMI

FL

Zip Code

33183

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]

1-12-02

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D-	<input checked="" type="checkbox"/> Delete
NAME	ENGELS, MARTIN	
STREET ADDRESS	100 S.E. 2ND STREET #2150	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	JULIA DIAZ	<input type="checkbox"/> Delete
NAME	JULIA DIAZ	
STREET ADDRESS	7448 S.W. 120 CT	
CITY-ST-ZIP	MIAMI-FL 33183	
	PRESIDENT	
TITLE	Adolfo Perera	<input type="checkbox"/> Delete
NAME	Adolfo Perera	
STREET ADDRESS	4027 PARK AVE	
CITY-ST-ZIP	MIAMI-FL 33133	
	V. PRESIDENT	
TITLE	MARIA LESSEUR	<input type="checkbox"/> Delete
NAME	MARIA LESSEUR	
STREET ADDRESS	7448 S.W. 120 CT	
CITY-ST-ZIP	MIAMI-FL 33183	
	SECRETARY	
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"/> 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		
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Adolfo Perera

Date

Daytime Phone #

1-12-02

305-753-2419

CR2E034 (9/01)