## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P

P01000094767

1. Entity Name

INDABA, INC.



FILED Apr 28, 2003 8:00 am Secretary of State

04-28-2003 91359 014 \*\*\*150.00

### SATISTICE DRIVE MAME SHORES FL 33138  #### SHORES FL 33138  ##### SHORES FL 33138  ##### SHORES FL 33138  #### SHORES FL 33138  ##### SHORES FL 33138  ###### SHORES FL 33138  #################################	וויטאטא, ו	140.				N. W.						
Sulfa, Apt. #. offic.   Check Here is Making Changes   Applied For   City & State   City & State   City & State   A. FEI Number 66-1150699   Applied For   City & State   Country   Zip   Country   S. Certificate of Status Desired   S. 8.75 Additional Fee Required   S. Name and Address of Current Registered Agent   7. Name and Address of New Registered Agent   Street Address (PO. Box Number is Not Acceptable)   Street Address (PO. B	9215 N BAYSHORE DRIVE 9215 N BAYSHORE DR			BAYSHORE DRIVE								
Sulfa, Apt. #. offic.   Check Here is Making Changes   Applied For   City & State   City & State   City & State   A. FEI Number 66-1150699   Applied For   City & State   Country   Zip   Country   S. Certificate of Status Desired   S. 8.75 Additional Fee Required   S. Name and Address of Current Registered Agent   7. Name and Address of New Registered Agent   Street Address (PO. Box Number is Not Acceptable)   Street Address (PO. B												
City & State  City & State  City & State  City & State  Country  Country  Country  S. Certificate of Status bearied   Set. 75 Assignment Fee Producted  6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  VILLMAN, GRECORY N 9215 N BAYSHORE DRIVE  MAMI SHORES FL 33138  City FL Zip Code  6. The above named entry submits in a statement for the purpose of changing its registered agent, or both in the State of Florida. Tain familiar with, and accept the eclogical tors of Projections of Proj	2. Principal P	Place of Business	3. Maili	3. Mailing Address								ELINT IN DI BRANI
The above named entity submits this statement for the purpose of changing its registered Agent correct registered agent, or both, in the State of Portice. In the colliptions of registered agent and the colliptions of registered agent.   See Added to Fee Added to	Suite, Apt.	#, etc.	Suite	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
Second   S	City & Stat	e	City	City & State				4. FE	65-1150599		<del></del>	
Secret Address of New Registered Agent  ULIMAN, GREGORY N 9215 N BAYSHORE DRIVE MAMI SHORES FL 33138  City FL ZP Code  8. The above named entity submits its statement for the purpose of changing its registered digent, or both, in the State of Florida, I am familiar with and accept the obligations of registered agent, or both, in the State of Florida, I am familiar with and accept the obligations of registered agent, or both, in the State of Florida, I am familiar with and accept the obligations of registered agent, or both, in the State of Florida, I am familiar with and accept the obligations of registered agent, or both, in the State of Florida, I am familiar with and accept the obligations of registered agent, or both, in the State of Florida, I am familiar with and accept the obligations of registered agent, or both, in the State of Florida, I am familiar with and accept the obligations of registered agent, or both, in the State of Florida, I am familiar with and accept the obligations of registered agent, or both, in the State of Florida, I am familiar with and accept the obligations of registered agent, or both, in the State of Florida, I am familiar with and accept the obligations of registered agent, or both, in the State of Florida, I am familiar with and accept the obligation of registered agent, or both, in the State of Florida, I am familiar with and accept the obligation of registered agent, or both, in the State of Florida, I am familiar with and accept the obligation of registered agent, or both, in the State of Florida, I am familiar with and accept the obligation of registered agent, or both, in the State of Florida, I am familiar with and accept the obligation of registered agent, or both, in the State of Florida, I am familiar with and accept the obligation of registered agent, or both, in the State of Florida, I am familiar with and accept the obligation of registered agent, or both, in the State of Florida, I am familiar with and accept the obligation of registered agent, or both, in the St	Zip	Country	Zip		Count	try		<b>5.</b> Ce	ertificate of Status Desired		\$8.75 Add	fitional d
Street Address (P.O. Box Number is Not Acceptable)    Street Address (P.O. Box Number is Not Acceptable)		6. Name and Address of Curren	t Registere	d Agent				7. Na	me and Address of New Re			
9215 N BAYSHORE DRIVE MIAMI SHORES FL 33138  City FL Zip Code  Cit						Name						
MIAMI SHORES FL 33138    City   FL   Zip Code				Street Addres			ldress (P	(P.O. Box Number is Not Acceptable)				
6. The above named entity submits this statement for the purpose of changing its registered allice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    TILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 May Be Added to Fees Make Check Payable to Florida Department of State  10.												
THE ODIGISTIONS of registered agent.  SIGNATURE  FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IT NAME  NAME  STREET ADDRESS  GITY-ST-2P  MIAMI SHORES FL 33138  GITY-ST-2P  TITLE  NAME  STREET ADDRESS GITY-ST-2P  TITLE  NAME  STREET ADDRESS GITY-ST-2P  TITLE  NAME  STREET ADDRESS GITY-ST-2P  TITLE  NAME STREET ADDRESS GITY-ST-2P  TITLE  N		01120 12 00 100				City	-		- Property	FL	Zip Cod	e
FILE NOW!II FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10.			for the purpo	ose of changing its	registere	ed office or	registere	ed ager	nt, or both, in the State of Flor	rida. I am f	amiliar with,	and accept
FILE NOW!II FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10.	CICNATURE	V										
After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  ITTILE  PD  ULLMAN, GREGORY N  STREET ADDRESS  UTV-ST-2P  WIAMI SHORES FL 33138  UTTLE  MAME  STREET ADDRESS  CITY-ST-2P  TITLE  MAME  STREET ADDRESS  CITY-ST-2P  TI	SIGNATURE .	Signature, typed or printed name of registered age	nt and title if appl	icable. (NOTE	E: Registered	d Agent signatur	re required	when reins	stating)	DATE		
TITLE PD Change Addition NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-Z	Afte	r May 1, 2003 Fee will be \$550.00										
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	10.			RS	11.			ADD	ITIONS/CHANGES TO OFFI	CERS AND	DIRECTOR	S IN 11
STREET ADDRESS CITY-ST-ZIP MIAMI SHORES FL 33138  CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE			☐ Delete	TITLE				· · ·		☐ Change	☐ Addition
CITY-ST-ZIP MIAMI SHORES FL 33138  CITY-ST-ZIP  ITILE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME	ULLMAN, GREGORY N										
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP								•			
STREET ADDRESS   CITY-ST-ZIP   Change   Addition   MAME	TITLE			☐ Delete	TITLE						☐ Change	☐ Addition
CITY-ST-ZIP	NAME											Ì
NAME	CITY-ST-ZIP								•			
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE			☐ Delete	TITLE						☐ Change	☐ Addition
CITY-ST-ZIP  TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME			•		E		_	•			
TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP												
STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TOTALE NAME STREET ADDRESS CITY-ST-ZIP  TOTALE NAME STREET ADDRESS CITY-ST-ZIP	TITLE			☐ Delete	TITLE	:			<del></del>		Change	☐ Addition
CITY-ST-ZIP  TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TOTALE NAME STREET ADDRESS CITY-ST-ZIP  TOTALE NAME STREET ADDRESS CITY-ST-ZIP	NAME											
TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP CHANGE NAME STREET ADDRESS CITY-ST-ZIP OCITY-ST-ZIP												
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE OCHANGE STREET ADDRESS CITY-ST-ZIP OCHANGE STREET ADDRESS CITY-ST-ZIP OCHANGE STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE		•				☐ Change	Addition
CITY-ST-ZIP  CITY-ST-ZIP  TITLE  Delete  TITLE  NAME  NAME  STREET ADDRESS  CITY-ST-ZIP  CITY-ST-ZIP	NAME				NAM	E						Ì
TITLE Delete TITLE Change Addition  NAME  STREET ADDRESS  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP	STREET ADDRESS											Ì
NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP				- Dolato	_						Change	Addition
STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	NAME			□ Delete							C.mingo	
	STREET ADDRESS											
	CITY-ST-ZIP		th thin fillin-	door not muclify to			nd in Sa	etion 11	19 07(3)/i) Florida Statutos I	further cor	tify that the	nformation

12. 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 10 or Block 11 if changed, or on an attachment with an address with an other like empowered.

**SIGNATURE:** 

SINATUS REQUIRED
SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #