

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

FILED

DOCUMENT # P01000110813

1. Entity Name

IH CONTROLLER OUTSOURCING, INC.



03 NOV 26 AM 10:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

7300 S.W. 82nd COURT

Suite, Apt. #, etc.

3. Mailing Address

7300 S.W. 82nd COURT

Suite, Apt. #, etc.

**REINSTATEMENT**

DO NOT WRITE IN THIS SPACE

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

4. FEI Number

65-1154151

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

BENIGNO R. GRANDA

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

7300 S.W. 82nd Ct

City

MIAMI

FL

Zip Code

33143

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Benigno R. Granda*

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

(NOTE: Registered Agent signature required when reinstating)

10-31-2003

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing

Trust Fund Contribution. ☐

\$5.00 May Be

Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DP  
BENIGNO R. GRANDA  
7300 S.W. 82nd COURT  
MIAMI, FLORIDA 33143

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

500023804705  
10/15/03--01007--021 \*\*\$150.00

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IN THIS SPACE**

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

SIGNATURE:

*Benigno R. Granda*

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-09-2003

Date

305-322-8010

Daytime Phone #

CR2E034B (12/02)

**IH CONTROLLER OUTSOURCING, INC.**  
*"Specializing in Part-time Accounting Controllers"*

October 10<sup>th</sup>, 2003

DIVISION OF CORPORATIONS  
UNIFORM BUSINESS REPORT FILINGS  
P.O. BOX 1500  
TALLAHASSEE, FLORIDA 32302-1500

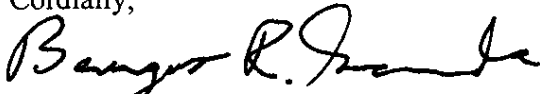
Re: Reinstatement of Corporation Document Number P01000110813

To Whom It May Concern:

Enclosed is my Uniform Annual Report, please reinstate our corporation. We never received the reports and where made aware they should have been filed by one of our clients. I have downloaded a blank copy and completed it.

Should you have any questions, please feel free to contact me at (305) 322-8010

Cordially,



Benigno R. Granda  
President