

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 04, 2003 8:00 am
Secretary of State

03-04-2003 90064 046 ***150.00

DOCUMENT # P02000020854

1. Entity Name
MICADCO USA, INC.



Principal Place of Business
**3720 MYKONOS COURT
BOCA RATON FL 33487**

Mailing Address
**3720 MYKONOS COURT
BOCA RATON FL 33487**



2. Principal Place of Business

410 West Vine Street

3. Mailing Address

1686 E. CLASSICAL BLVD.

Suite, Apt. #, etc.

Suite 230

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

LEXINGTON, KY

City & State

DEL RAY BEACH, FL

4. FEI Number

01-064-4474

Applied For

Not Applicable

Zip

Country

40507 USA

Zip

Country

33445 USA

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**NORDT, GREGORY M ESQ.
GREENSPOON, MARDER, HIRSCHFIELD, PA
100 W. CYPRESS CREEK ROAD, SUITE 700
FORT LAUDERDALE FL 33309**

7. Name and Address of New Registered Agent

Name **MICHEL CADRIN**

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

1686 E. CLASSICAL BLVD.

City **DEL RAY BEACH, FL**

FL

Zip Code **33445**

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 **MICHEL CADRIN**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/5/03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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	D CADRIN, MICHEL 3720 MYKONOS COURT BOCA RATON FL 33487	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT MICHEL CADRIN 1686 E. CLASSICAL BLVD DEL RAY BEACH, FL 33445	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/03 561-865-4923

Date

Daytime Phone #

CR2E034 (10/02)