

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

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90368 027 \*\*\*150.00

DOCUMENT # P02000110687

1. Entity Name

IGP USA, INC.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
318 INDIAN TRACE

3. Mailing Address  
318 INDIAN TRACE

Suite, Apt. #, etc.  
#141

Suite, Apt. #, etc.  
#141

DO NOT WRITE IN THIS SPACE

City & State  
WESTON, FL

City & State  
WESTON, FL

4. FEI Number 05-0535363

Applied For  
Not Applicable

Zip  
33326

Country  
U.S.

Zip  
33326

Country  
U.S.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name ANTONIO GARCIA

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

2588 SW 27TH AVE.

City WESTON

FL

Zip Code  
33326

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/14/03

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 PD  
STREET ADDRESS FERNANDEZ, CLARA  
CITY-ST-ZIP 318 INDIAN TRACE #141, WESTON, FL 33326

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CITY-ST-ZIP

**DO NOT WRITE  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Clara Fernandez

04-29-03

786-6834980

CR2E034B (12/02)