

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 90546 027 \*\*\*158.75

**DOCUMENT # P02000120671**

1. Entity Name  
**NECTRA FOOD USA, INC.**



Principal Place of Business  
**C/O IVAN A. GOMEZ P.A.  
601 BRICKELL KEY DR STE 507  
MIAMI FL 33131**

Mailing Address  
**C/O IVAN A. GOMEZ P.A.  
601 BRICKELL KEY DR STE 507  
MIAMI FL 33131**



2. Principal Place of Business  
**3040 NE 190th STREET**

3. Mailing Address  
**3040 NE 190th STREET**

Suite, Apt. #, etc.  
**SUITE #310**

Suite, Apt. #, etc.  
**SUITE #310**

City & State  
**MIAMI FL**

City & State  
**MIAMI FL**

Zip  
**33180**

Country

Zip  
**33180**

Country

4. FEI Number  
**81-0584136**

Applied For  
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

**IAG CORPORATE SERVICES, INC.  
601 BRICKELL KEY DR STE 507  
MIAMI FL 33131**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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

**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

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WINZENRIED, LAURENT</b> <b>601 BRICKELL KEY DR STE 507</b> <b>MIAMI FL 33131</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D/T/S/P</b> <b>WINZENRIED, LAURENT</b> <b>3040 NE 190 STREET</b> <b>MIAMI, FL 33180</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WINZENRIED LAURENT</b> <b>3040 NE 190 STREET</b> <b>MIAMI FL 33180</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>CAPITAINE, PIERRE</b> <b>3040 NE 190 STREET</b> <b>MIAMI, FL 33180</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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"/> Delete	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: \_\_\_\_\_**

**LAURENT WINZENRIED, DIRECTOR**

**(305) 371-9213**

Date Daytime Phone #

CR2E034 (10/02)