

2004

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

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90069 004 ***150.00

DOCUMENT # P03000049459

1. Entity Name

Link America Corp.

DO NOT WRITE IN THIS SPACE

24051547

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7601 N. Federal Hwy.

Suite, Apt. #, etc.

Suite 240-A

City & State

Boca Raton, FL

Zip

33487

Country

USA

3. Mailing Address

7270 N.W. 12th St.

Suite, Apt. #, etc.

Suite 761

City & State

Miami, FL

Zip

33126-1929

Country

USA

4. FEI Number

51-0464499

Applied For

Not Applicable

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

del Valle, Manuel R.

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

7270 N.W. 12th St.

Suite 761

City

Miami

FL

Zip Code

33126-1929

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$350.00

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	D/P/T
NAME	Borrero, Alfonso
STREET ADDRESS	7601 N. Federal Hwy., Suite 240-A
CITY - ST - ZIP	Boca Raton, FL 33487

TITLE	D/S
NAME	Jimenez, Magnolia
STREET ADDRESS	Transversal 26, #12246, Apto. 201
CITY - ST - ZIP	Bogota, Colombia

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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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)(f), 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: *Magnolia Jimenez* Magnolia Jimenez

305-477-6116

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #