

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000022612

1. Entity Name

IOCHPE MAXION U.S.A., INC.

FILED
Jan 12, 2000 8:00 am
Secretary of State

01-12-2000 90019 007 ***158.75

Principal Place of Business

Mailing Address

9100 S DADELAND BLVD
SUITE 1101
MIAMI FL 33156
US

9100 S DADELAND BLVD
SUITE 1101
MIAMI FL 33156-7866
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 63-0760171

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HAMILTON BORTOLETTO
9100 SO. DADELAND BLVD.
SUITE 1101
MIAMI FL 33156

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	HAMILTON BORTOLETTO	
STREET ADDRESS	9100 S DADELAND BLVD SUITE 1101	
CITY-ST-ZIP	MIAMI FL	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	GRIEBLER, FERNANDO	
STREET ADDRESS	9100 S DADELAND BLVD SUITE 1101	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MENEGHETTI, DINO R	
STREET ADDRESS	9100 S DADELAND BLVD SUITE 1101	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SANCHEZ, WALDEY	
STREET ADDRESS	9100 S. DADELAND BLVD., SUITE 1101	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DAN IOCHPE	<input checked="" type="checkbox"/> Change <input type="checkbox"/>
NAME	President - Secretary	
STREET ADDRESS	AV. WIS CARLOS BENINI 1253 14th Fl.	
CITY-ST-ZIP	S. PAULO - SP - BRASIL	
TITLE	OSCAR FOUTOURA Becker	<input checked="" type="checkbox"/> Change <input type="checkbox"/>
NAME	TREASURER	
STREET ADDRESS	AV. WIS CARLOS BENINI 1253 14th Fl.	
CITY-ST-ZIP	S. PAULO - SP - BRASIL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 changed, 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 #

1/3/2000 305-670183