

May 09 03 05:38p

JO UNIFORM BUSINESS REPORT (UBR)

3/11

FILED
May 30, 2003 8:00 am
Secretary of State

05-30-2003 90084 011 ***158.75

DOCUMENT # P93000061160

1. Entity Name

HEIGA USA, INC.

Principal Place of Business

6566 N.W. 13 CT.
PLANTATION FL 33313
US

Mailing Address

6566 N.W. 13 CT.
PLANTATION FL 33313-4549
US

90138061

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

65-0434577

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fees Required**

6. Name and Address of Current Registered Agent

**VALENCIA, FATIMA M
6566 N.W. 13 CT.
PLANTATION FL 33313**

7. Name and Address of New Registered Agent

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 IN EFF JS \$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

TITLE	PT	☐ Delete
NAME	IMBERNON, JOSE M	
STREET ADDRESS	6566 N.W. 13 CT.	
CITY-STATE-ZIP	PLANTATION FL 33313	
TITLE	VS	☐ Delete
NAME	IMBERNON, JOSE G	
STREET ADDRESS	6566 N.W. 13 CT.	
CITY-STATE-ZIP	PLANTATION FL 33313	
TITLE	D	☒ Delete
NAME	GALINDO, JOSE C	
STREET ADDRESS	6566 N.W. 13 CT.	
CITY-STATE-ZIP	PLANTATION FL 33313	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
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STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

D
MAJORY Imbernon
6566 N.W. 13 CT.
PLANTATION, FL 33313

13. 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 11 or Block 12 if 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

I do not received a file copy for this year