

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000051429

1. Entity Name

INCO INTERNATIONAL CONSULTANTS, INC.

Principal Place of Business

2990 N. FEDERAL HWY
FORT LAUDERDALE FL 33306

Mailing Address

2990 N. FEDERAL HWY
FORT LAUDERDALE FL 33306

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 65-0592072

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

VIVES, PATRICK
700 E DANIA BEACH BLVD
#202
DANIA FL 33304

7. Name and Address of New Registered Agent

Name APPROVED ASSOCIATES BY SOL SCHWARTZ
Street Address (P.O. Box Number is Not Acceptable)
100 EAST LINTON BLVD. SUITE 201A
City DELRAY BEACH FL Zip Code 33483

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

SOL SCHWARTZ
Signature, typed or printed name of registered agent and fee if applicable.

Schwartz
(NOTE: Registered Agent signature required when reinstating)

5/22/01
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, 2001 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
NAME PD
STREET ADDRESS SUDRE, RAOUL A
CITY-ST-ZIP 2990 N. FEDERAL HWY
FORT LAUDERDALE FL 33306

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Raoul Andreess Sudre
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-01
Date

954-630-9003
Daytime Phone #

FILED
Jun 15, 2001 8:00 am
Secretary of State

05-03-2001 91107 018 ***150.00



DO NOT WRITE IN THIS SPACE

CR2ED34 (10/00)