

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000052184

1. Entity Name

INGRAHAM CREDIT CORPORATION

Principal Place of Business

25 S.E. 2ND AVENUE
SUITE 435
MIAMI FL 33131

Mailing Address

25 S.E. 2ND AVENUE
SUITE 435
MIAMI FL 33131

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0598292

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TROULA, FRANCISCO
25 S.E. 2ND AVENUE
SUITE 435
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name ANGELA LESSA VIDAL

Street Address (P.O. Box Number is Not Acceptable) 25 SE 2nd Ave #435

City MIAMI

FL

Zip Code 33131

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 Angela Lessa Vidal

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

(NOTE: Registered Agent signature required when reinstating)

3/5/01

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 PD
NAME TROULA, FRANCISCO
STREET ADDRESS 25 S.E. 2ND AVENUE #435
CITY-ST-ZIP MIAMI FL 33131 ☐ Delete

TITLE VD
NAME GIOIA, RENE JR
STREET ADDRESS 25 S.E. 2ND AVENUE #435
CITY-ST-ZIP MIAMI FL 33131 ☐ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ANGELA LESSA VIDAL ☒ Change ☐ Addition
NAME PRESIDENT
STREET ADDRESS 25 SE 2nd Ave #435
CITY-ST-ZIP MIAMI FL 33131

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

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

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TITLE ☐ Change ☐ Addition
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 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

3/5/2001

Date

305-3736107

Daytime Phone #

CR2E034 (10/00)