

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000069574

1. Entity Name
NGL - U.S.A. INDUSTRIAL PRODUCTS CORPORATION



FILED

11 APR 26 PM 3:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
18958 NE 4TH CT
NORTH MIAMI BEACH, FL 33179

Mailing Address
18958 NE 4TH CT
NORTH MIAMI BEACH, FL 33179

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04152011 Chg-P CR2E034 (11/08)

City & State

City & State

4. FEI Number

65-0691787

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ZARATE, FABIAN M
18958 NE 4 COURT
NORTH MIAMI BEACH, FL 33179

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. 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 registering)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2011 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

P
ZARATE, FABIAN M
18958 NE 4TH CT
NORTH MIAMI BEACH, FL 33179

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VSD
ZARATE, FABIAN M
1601 NE 191 STREET STE 217-B
NORTH MIAMI BEACH, FL 33179

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

T
BARREDA ZARATE, FABIAN
18958 NE 4 COURT
NORTH MIAMI BEACH, FL 33179

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

900202115629
04/18/11--01003--006 **150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Block 11 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 #

04-18-11 (305) 487-1165