

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000056310

1. Entity Name

INCO OF THE AMERICAS, INC.

**FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**

05-01-2000 90474 003 \*\*\*163.75

Principal Place of Business

7420 SW 153RD CT., #101  
MIAMI FL 33193

Mailing Address

P.O. BOX 522842  
MIAMI FL 33152-2842

2. Principal Place of Business

7420 SW 153 CT #

Suite, Apt. #, etc.

# 101

City & State

MIAMI, FL

3. Mailing Address

P.O. BOX 522842

Suite, Apt. #, etc.

City & State

MIAMI, FL



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0773282

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

TRUJILLO, JUAN C  
7420 SW 153RD CT., #101  
MIAMI FL 33193

7. Name and Address of New Registered Agent

Name

TRUJILLO, JUAN C

Street Address (P.O. Box Number is Not Acceptable)

9775 NW 44 TERR

City

MIAMI, FL

FL

Zip Code

33178

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

04.15.00

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

TITLE ☐ Delete  
NAME P  
STREET ADDRESS TRUJILLO, JUAN CARLOS  
CITY-ST-ZIP 7420 S W 153RD CT, #101  
MIAMI FL 33193

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☒ Addition  
NAME P  
STREET ADDRESS TRUJILLO, JUAN CARLOS  
CITY-ST-ZIP 9775 NW 44 TERR  
MIAMI, FL 33178

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

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

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

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

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

Date

Daytime Phone #

04.15.00 (305) 463.9040

CR2E034 (9/99)