

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 09, 2001 8:00 am
Secretary of State

02-09-2001 90223 014 ***158.75

DOCUMENT # P97000084086

1. Entity Name

INDRESA METALS, INC.

Principal Place of Business

**2410 NW 147 ST
OPA LOCKA FL 33054
US**

Mailing Address

**2410 NW 147 ST
MIAMI FL 33054
US**

2. Principal Place of Business

3615 N.W. 60 St.
Suite, Apt. #, etc.

3. Mailing Address

3615 N.W. 60 St.
Suite, Apt. #, etc.

City & State

MIAMI, Florida

City & State

MIAMI, Florida

Zip

33142

Country

U.S.A.

Zip

33142

Country

U.S.A.

4. FEI Number

65-0790972

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ARANGO, JOSE A
2410 NW 147 ST
OPA LOCKA FL 33054**

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!!! 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **ARANGO, JOSE**
STREET ADDRESS **2410 NW 147 ST**
CITY-ST-ZIP **MIAMI FL 33054**

TITLE ☒ Change ☐ Addition
NAME **ARANGO, JOSE**
STREET ADDRESS **3615 N.W. 60 St.**
CITY-ST-ZIP **MIAMI, FL 33142**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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 #

2/6/01 (305) 633-3777

CR2E034 (10/00)