

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90861 020 ***150.00

DOCUMENT # P98000018614

1. Entity Name
INDUKERN CORP.



Principal Place of Business
2475 BIRCKELL AVE
1707
MIAMI FL 33129

Mailing Address
2475 BIRCKELL AVE
1707
MIAMI FL 33129



2. Principal Place of Business
5336 CYPRESS CREEK DR.
Suite, Apt. #, etc.

3. Mailing Address
5336 CYPRESS CREEK DR.
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
ORLANDO, FLORIDA
Zip
32811 Country
ORANGE

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ORLANDO, FLORIDA
Zip
32811 Country
ORANGE

4. FEI Number
52-2083047

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

PACHECO, ARTURO
2475 BRICKELL AVE
1707
MIAMI FL 33129

7. Name and Address of New Registered Agent

Name
PACHECO, ARTURO
Street Address (P.O. Box Number is Not Acceptable)
5336 CYPRESS CREEK DR.
City
ORLANDO FL Zip Code
32811

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 reinstating)

24 FEB 2003

DATE

FILE NOW!!! - FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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 | D VIDAL, ANTONIO 2475 BRICKELL AVE #1707 MIAMI FL 33129 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D VIDAL, FRANCISCO 2475 BRICKELL AVE #1707 MIAMI FL 33129 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GALENO, RUEBN 2475 BRICKELL AVE #1707 MIAMI FL 33129 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D VIDAL, ANTONIO 5336 CYPRESS CREEK DR. ORLANDO, FL. 32811 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D VIDAL, FRANCISCO 5336 CYPRESS CREEK DR. ORLANDO, FL. 32811 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GALENO, RUEBN 5336 CYPRESS CREEK DR. ORLANDO, FL. 32811 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

24 FEB 2003

Date

Daytime Phone #

CR2E034 (10/02)