## 2001 UNIFORM BUSINESS REPORT (UBR) **FILED** May 17, 2001 8:00 am Secretary of State DOCUMENT # P98000049990 1. Entity Name IDENTICORP, INC. 05-17-2001 91341 029 \*\*\*150.00 Principal Place of Business Mailing Address 2954 NORTHWEST 99TH COURT 2954 NORTHWEST 99TH COURT MIAM! FL 33172 MIAMI FL 33172 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #. etc. Suite. Apt. #. etc. Applied For 4. FF! Number City & State City & State 65-0841272 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HOUTENBRINK, PAUL Street Address (P.O. Box Number is Not Acceptable) 2954 NW 99TH CT MIAMI FL 33172 Zip Code City 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Change Addition **PSTD** ☐ Delete TITLE HOYO, CRISTINA M NAME NAME STREET ADDRESS STREET ADDRESS 2954 NORTHWEST 99TH COURT CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33172** Change Addition ☐ Delete TITLE TITLE HOUTENBRINK, PAUL R NAME 2954 NORTHWEST 99TH COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE **MIAMI FL 33172** ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY+ST-ZIF CITY+ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

3. 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 atternment with an address, with all other like, empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Paul R. Houtenbrink

4/23/01

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