

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2001 8:00 am
Secretary of State
 05-01-2001 90073 008 ***150.00

DOCUMENT # P98000072024

1. Entity Name

INCORIENTE U.S.A. INC.

Principal Place of Business

19438 EAST COUNTRY
 CLUB DRIVE
 AVENTURA FL 33180

Mailing Address

19438 EAST COUNTRY
 CLUB DRIVE
 AVENTURA FL 33180

2. Principal Place of Business

163 SUNNY ISLES BLVD.

3. Mailing Address

163 SUNNY ISLES BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SUNNY ISLES BEACH, FL

City & State

SUNNY ISLES BEACH, FL

Zip

33160

Country

Zip

33160

Country

4. FEI Number

65-0902657

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

ARISTIZABAL, MARIO
 19438 E COUNTRY CLUB DRIVE
 AVENTURA FL 33180

7. Name and Address of New Registered Agent

Name
 ARISTIZABAL, MARIO
 Street Address (P.O. Box Number is Not Acceptable)
 19195 MYSTIC POINTE DRIVE
 TOWER 100, APT. 1009
 City AVENTURA FL Zip Code 33180

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 re-stating)

DATE

04/20/01

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

TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	VAZQUEZ, GERARDO A	
STREET ADDRESS	501 BRICKELL KEY DR, STE #407	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	PD	<input type="checkbox"/> Delete
NAME	DRISTIEBAL, MARIO	
STREET ADDRESS	501 BRICKELL KEY DR, STE #407	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	ARISTIZABAL, MARIO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	19195 MYSTIC POINTE DRIVE	
STREET ADDRESS	TOWER 100, APT. 1009	
CITY-ST-ZIP	AVENTURA, FL 33180	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 #

04/20/01 (305) 948 7278

CR2E034 (10/00)