

2002 UNIFORM BUSINESS REPORT (UBR)

4/3

FILED
Jun 02, 2002 8:00 am
Secretary of State

04-30-2002 90208 009 ***150.00

DOCUMENT # P98000072024

1. Entity Name
INCORIENTE U.S.A. INC.

Principal Place of Business
163 SUNNY ISLES BLVD
MIAMI FL 33160

Mailing Address
163 SUNNY ISLES BLVD
MIAMI FL 33160

2. Principal Place of Business
18373 NE 4TH COURT

3. Mailing Address
18373 NE 4TH COURT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
NORTH MIAMI BEACH, FL.

City & State
NORTH MIAMI BEACH, FL

Zip
33179

Country
U.S.A.

Zip
33179

Country
USA

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

7. Name and Address of New Registered Agent

ARISTIZABAL, MARIO
19195 MYSTIC POINTE DRIVE
TOWER 100, APT. 1009
AVENTURA FL 33180

Name **MARIO ARISTIZABAL**
 Street Address (P.O. Box Number is Not Acceptable)
18373 NE 4TH COURT
 City **NORTH MIAMI BEACH** FL **33179**

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, 2002 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 **PD** ☐ Delete
 NAME **ARISTIZABAL, MARIO**
 STREET ADDRESS **19195 MYSTIC POINT DRIVE, TWR 100, #1009**
 CITY-ST-ZIP **AVENTURA FL 33180**

TITLE **P.D.** ☒ Change ☐ Addition
 NAME **MARIO ARISTIZABAL**
 STREET ADDRESS **18373 NE 4TH COURT**
 CITY-ST-ZIP **NORTH MIAMI BEACH, FL 33179**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 registered agent 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

CARLOS JARAMILLO **04/11/02** **(305) 655-3478**

Date

Daytime Phone #

MARIO ARISTIZABAL

05/23/02 (205) 655-3478

CR2E034 (9/01)