

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90546 031 ***150.00

DOCUMENT # P98000072024

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



Principal Place of Business
18373 N.E. FOURTH COURT
NORTH MIAMI BEACH FL 33179

Mailing Address
18373 N.E. FOURTH COURT
NORTH MIAMI BEACH FL 33179

2. Principal Place of Business
18373 NE 4TH COURT

3. Mailing Address
18373 NE 4TH COURT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
NMB, FL

City & State
NMB, FL

Zip
33179

Country

Zip
33179

Country

4. FEI Number **65-0902657**

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

ARISTIZABAL, MARIO
18373 N.E. FOURT COURT
NORTH MIAMI BEACH FL 33179

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
SAME
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. 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) **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 ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☒ **Delete**
NAME **ARISTIZABAL, MARIO**
STREET ADDRESS **18373 N.E. FOURTH COURT**
CITY-ST-ZIP **NORTH MIAMI BEACH FL 33179**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ **Change** ☐ **Addition**
NAME **ARISTIZABAL, MARIO**
STREET ADDRESS **18373 NE 4TH COURT, NMB, FL 33179**
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
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CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **3/20/03**

Date **Daytime Phone #**

CR2E034 (10/02)