

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2003 8:00 am
Secretary of State

05-12-2003 90231 048 ***158.75

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1. Entity Name
INVERTELCO USA ENTERPRISES, INC.



Principal Place of Business
**5574 S.W. 112 TERRACE STREET
COOPER CITY FL 33330
US**

Mailing Address
**5574 S.W. 112 TERRACE STREET
COOPER CITY FL 33330
US**



2. Principal Place of Business
11978 WASHINGTON ST
Suite, Apt. #, etc.

3. Mailing Address
11978 WASHINGTON ST
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
PEMBROKE PINES
Zip
FL 33025

City & State
PEMBROKE PINES
Zip
FL 33025

4. FEI Number
NOT APPLICABLE

Applied For
☒ Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**RAMIREZ, LEON D
5574 S.W. 112 TERRACE STREET
COOPER CITY FL 33330**

7. Name and Address of New Registered Agent

Name
RAMIREZ, LEON J.
Street Address (P.O. Box Number is Not Acceptable)
11978 WASHINGTON ST
City
PEMBROKE PINES FL Zip Code
33025

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 **LEON J. RAMIREZ - P.**

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
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	RAMIREZ, LEON D	
STREET ADDRESS	5574 S.W. 112 TERRACE STREET	
CITY-ST-ZIP	COOPER CITY FL 33330	
TITLE	VPTS	<input type="checkbox"/> Delete
NAME	RAMIREZ, ANGELA M	
STREET ADDRESS	5574 S.W. 112 TERRACE STREET	
CITY-ST-ZIP	COOPER CITY FL 33330	
TITLE	D	<input type="checkbox"/> Delete
NAME	GARCES, JAIRO	
STREET ADDRESS	5574 SW 112 TERRACE ST	
CITY-ST-ZIP	FORT LAUDERDALE FL 33330	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAMIREZ, LEON J.	
STREET ADDRESS	11978 WASHINGTON ST	
CITY-ST-ZIP	PEMBROKE PINES, FL 33025	
TITLE	VPTS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAMIREZ, ANGELA M.	
STREET ADDRESS	11978 WASHINGTON ST	
CITY-ST-ZIP	PEMBROKE PINES, FL 33025	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARCES, JAIRO	
STREET ADDRESS	11978 WASHINGTON ST	
CITY-ST-ZIP	PEMBROKE PINES, FL 33025	
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		

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

Date

Daytime Phone #

CR2E034 (10/02)