

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000015522

1. Entity Name  
INDIGOPARK, INC.

**FILED**  
**Sep 14, 2000 8:00 am**  
**Secretary of State**

09-14-2000 90008 012 \*\*\*550.00

Principal Place of Business  
203 BENT TREE DRIVE  
PALM BEACH GARDENS FL 33418

Mailing Address  
203 BENT TREE DRIVE  
PALM BEACH GARDENS FL 33418

2. Principal Place of Business  
86 WALTHAM D.  
Suite, Apt. #, etc.

3. Mailing Address  
86 WALTHAM D.  
Suite, Apt. #, etc.

City & State  
West Palm Beach FL

City & State  
West Palm Beach FL

4. FEI Number  
65-0895883

Applied For  
Not Applicable

Zip  
33410

Country  
USA

Zip  
33410

Country  
USA

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

## 6. Name and Address of Current Registered Agent

SUAZO, MICHELLE T  
203 BENT TREE DRIVE  
PALM BEACH GARDENS FL 33418

## 7. Name and Address of New Registered Agent

Name  
Michelle Suazo  
Street Address (P.O. Box Number is Not Acceptable)  
86 WALTHAM D  
City  
West Palm Beach FL Zip Code  
33410

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

8/27/00

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
SUAZO, MICHELLE T  
203 BENT TREE DRIVE  
PALM BEACH GARDENS FL 33418 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
SUAZO, PEDRO ANTONIO IV  
203 BENT TREE DRIVE  
PALM BEACH GARDENS FL 33418 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE  
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CITY-ST-ZIP  
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☐ Change ☐ Addition

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

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 another like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/27/00

Date

561.622.9660

Daytime Phone #

PEDRO A. SUAZO

CR2E034 (5/00)