

576 **2001 UNIFORM BUSINESS REPORT (UBR)**

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90091 006 ***150.00

0183583

DOCUMENT # P99000016162

1. Entity Name
IWCC USA, INC.

Principal Place of Business

**7875 NW 12TH STREET
 SUITE 111
 MIAMI FL 33126**

Mailing Address

**7875 NW 12TH STREET
 SUITE 111
 MIAMI FL 33126**

2. Principal Place of Business
4040 AURORA STREET

Suite, Apt. #, etc.

3. Mailing Address
4040 AURORA STREET

Suite, Apt. #, etc.

City & State
MIAMI, FL

City & State
MIAMI, FL

4. FEI Number **65-0897533**

Applied For
 Not Applicable

Zip
33146

Country

Zip
33146

Country

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

6. Name and Address of Current Registered Agent

**ROTH, LEONARDO A ESQ.
 % ROTH. ROUSSO & BENJAMIN, P.A.
 9350 S. DIXIE HIGHWAY
 MIAMI FL 33156**

7. Name and Address of New Registered Agent

Name **CARLOS KISS**

Street Address (P.O. Box Number is Not Acceptable)

4040 AURORA STREET

City **MIAMI**

FL

Zip Code
33146

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, 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
 NAME **PTD KISS, CARLOS S** ☐ Delete
 STREET ADDRESS **4040 AURORA STREET**
 CITY-ST-ZIP **MIAMI FL 33146**

TITLE
 NAME **VPSD LARIGNEE, GASTON** ☐ Delete
 STREET ADDRESS **4040 AURORA STREET**
 CITY-ST-ZIP **MIAMI FL 33146**

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE
 NAME ☐ Change ☐ Addition
 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

04/26/01
 Date

(305) 442-7019
 Daytime Phone #

CR2E034 (10/00)