

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000031757

1. Entity Name

INDECO (U.S.A.) INC.

FILED
SECRETARY OF STATE
VISION OF CORPORATIONS

00 MAY 12 AM 7:07

Principal Place of Business

Mailing Address

7600 S.W. 117TH AVE.
MIAMI FL 33183

7600 S.W. 117TH AVE.
MIAMI FL 33183-3822

2. Principal Place of Business

2420 SW 137 AVE

3. Mailing Address

2420 SW 137 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

MIAMI FLORIDA

City & State

MIAMI FLORIDA

4. FEI Number

65-0910650

Applied For

Not Applicable

Zip

33175

Country

Zip

33175

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PATEL, PRABODH C
915 ORIENTA AVE, STE SIX
ALTAMONTE SPRINGS FL 32701

7. Name and Address of New Registered Agent

Name FLORIDA ANNUAL REPORT SERVICES INC.

Street Address (P.O. Box Number is Not Acceptable)
2300 CORAL WAY

SUITE # 200

City

MIAMI

FL

Zip Code

33145

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, type or printed name of registered agent and title if applicable

AMADA CANTERA LOPEZ, PRES.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/20/00

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 \$150.00
After MAY 1, 2000 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 PD
NAME VARGAS, FRANK R
STREET ADDRESS 7600 S.W. 117TH AVE.
CITY-ST-ZIP MIAMI FL 33183 ☐ Delete

TITLE SD
NAME NICHOLS, JOSE A
STREET ADDRESS 618 CALEDONIA PLACE
CITY-ST-ZIP SANFORD FL 32771 ☒ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME VARGAS, FRANK R
STREET ADDRESS 2420 SW 137 AVE
CITY-ST-ZIP MIAMI, FL 33175 ☒ Change ☐ Addition

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

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

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

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

TITLE ☐ Change ☐ Addition
NAME
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
FRANK R. VARGAS, PRES.

03/21/2000 305 559 1229

Date

Daytime Phone #

CR2E034 (9/99)