

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000056817

1. Entity Name  
INCA, INC.

**FILED**  
**Apr 25, 2001 8:00 am**  
**Secretary of State**

04-25-2001 90167 031 \*\*\*150.00

Principal Place of Business

3516 BONAIRE BLVD.,#1811  
KISSIMMEE FL 34741

Mailing Address

3516 BONAIRE BLVD.,#1811  
KISSIMMEE FL 34741

2. Principal Place of Business

Main Gate Fls. Market  
Suite, Apt. #, etc.  
Building A Kiosk-7  
City & State  
Kissimmee  
Zip  
34746  
Country  
USA

3. Mailing Address

5400 W. Folsom Blvd  
Suite, Apt. #, etc.  
City & State  
Florida  
Zip  
Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3581894

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BARRERA, MARCO  
3516 BONAIRE BLVD.,#1811  
KISSIMMEE FL 34741

7. Name and Address of New Registered Agent

Name

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

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.

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	PD	<input checked="" type="checkbox"/> Delete
NAME	MORENO, LORENA	
STREET ADDRESS	3516 BONAIRE BLVD.,#1811	
CITY-ST-ZIP	KISSIMMEE FL 34741	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	MORENO, ALFREDO	
STREET ADDRESS	3516 BONAIRE BLVD.,#1811	
CITY-ST-ZIP	KISSIMMEE FL 34741	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERNANDO MORENO	
STREET ADDRESS	3516 BONAIRE BLVD #1811	
CITY-ST-ZIP	Kissimmee, FL 34741	
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-11-01

Date

107-944983

Daytime Phone #

CR2E034 (10/00)