

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90309 011 ***150.00

DOCUMENT # *P99000067798*

1. Entity Name

INGECO USA CORP



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1915 Rodman Street

3. Mailing Address
1915 Rodman Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

8

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City & State
Hollywood, Florida

City & State
Hollywood, Florida

4. FEI Number 65 0937797

Applied For
Not Applicable

Zip
33020

Country
USA

Zip
33020

Country
USA

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

7. Name and Address of Current Registered Agent

Name Patrick Merkiled

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

1915 Rodman Street, # 8

City Hollywood

FL

Zip Code
33020

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 NAME STREET ADDRESS CITY- ST- ZIP	PDS Patrick Merkiled 1915 Rodman Street, # 8 Hollywood, FL 33020	TITLE NAME STREET ADDRESS CITY- ST- ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Patrick Merkiled

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 14 2004

Date

934 925 4734

Daytime Phone

CR2E034B (12/02)