

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 19, 2001 8:00 am**  
**Secretary of State**

04-19-2001 90058 025 \*\*\*150.00

DOCUMENT # **P99000088916**

1. Entity Name

**DIGYCOM USA, INC.**



Principal Place of Business

**8159 N.W 7H AVE**  
**MIAMI, FL 33193**

Mailing Address

**6223 S.W 150 CT.**  
**MIAMI, FL 33193**

**C0048937**

2. Principal Place of Business

**2458 N.W 11 LANE**

3. Mailing Address

**6323 S.W 150 CT.**

Suite, Apt. #, etc.

**#2014 UNK**

Suite, Apt. #

City & State

**MIAMI, FL**

City & State

**MIAMI, FL**

Zip

**33182**

Country

Zip

**33193**

Country

4. FEI Number

**650952662**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**RESTREPO, ANGELA MARCELA**  
**8290 LAKE DRIVE #415**  
**MIAMI, FL 33166**

7. Name and Address of New Registered Agent

Name **RESTREPO, ANGELA**

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

**6323 S.W 150 CT**

City **MIAMI**

**FL**

Zip Code

**33193**

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]*

**04/09/01**

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: ☐

**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** ☐ Delete  
NAME **RESTREPO, ANGELA MARCELA**  
STREET ADDRESS **6323 S.W 150 CT**  
CITY-ST-ZIP **MIAMI, FL 33193**

TITLE **VP** ☒ Delete  
NAME **MORA, HUGO ALEXANDER**  
STREET ADDRESS **8290 LAKE DRIVE #415**  
CITY-ST-ZIP **MIAMI, FL 33166**

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 ☐ 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

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 title empowered.

SIGNATURE:

*[Signature]*

**04/09/01 (305) 485-9683**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)