

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S02580

1. Entity Name

IMCO, INC.

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90162 005 ***150.00

Principal Place of Business

Mailing Address

~~3501 NW 54 STREET~~
~~HALEAH FL 33142~~

~~3501 NW 54 STREET~~
~~HALEAH FL 33010-2320~~

New Address:

New Address

2. Principal Place of Business

875 West 18th ST.

3. Mailing Address

875 West 18th Street

Suite, Apt., #, etc.

Suite, Apt., #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Hialeah, Florida

City & State

Hialeah, Florida

4. FEI Number

65-0219357

Applied For

Not Applicable

Zip

Country

33010

Zip

Country

33010

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RIVERA, GLADYS

IMCO, INC.

~~3501 NW 54 STREET~~
~~HALEAH FL 33142~~

875 West 18th Street
Hialeah, Florida 33010
Tel.: (305) 885-0027
Tel.: (305) 885-0042
Fax (305) 885-3040

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Delete
NAME	RIVERA, GLADYS	
STREET ADDRESS	3501 NW 54 ST.	
CITY-ST-ZIP	HALEAH FL 33142	
TITLE	DV	<input type="checkbox"/> Delete
NAME	GALARZA, LUIS J.	
STREET ADDRESS	3501 NW 54 ST.	
CITY-ST-ZIP	HALEAH FL 33142	

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"/> Delete
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"/> Delete
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"/> Delete
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"/> Delete
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:

Gladys Rivera GLADYS RIVERA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/00 305-885-0027

Date

Daytime Phone #

CR2E034 (9/99)