

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 17, 2001 8:00 am**  
**Secretary of State**

05-17-2001 91307 014 \*\*\*158.75

**DOCUMENT # P95000017583**

1. Entity Name  
**INCA INVESTMENTS, INC.**

Principal Place of Business      Mailing Address  
**11999 S.W. 248TH STREET**      **11999 S.W. 248TH STREET**  
**MIAMI FL 33032**      **MIAMI FL 33032**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number **65-0660687**      Applied For  
 Not Applicable

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**

**STARKMAN, MARK**  
**1500 SAN REMO AVE**  
**SUITE 125**  
**CORAL GABLES FL 33146**

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

1/9/01  
 DATE

(NOTE: Registered Agent signature required when reinstating)

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**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PTSD</b> <b>ALEJO, ABRAHAM C</b> <b>11999 S.W. 248TH STREET</b> <b>MIAMI FL 33032</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Abraham C Alejo  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/01 (305) 358-6040  
 Date      Daytime Phone #

CR2E034 (10/00)

inea Investments  
11999 S.W. 248th St.  
Miami, FL 33032

Attachment

657987

Doc# P95000617583

Dept. of State  
Div. of Corporation

5/10/01

To whom it may concern:

Due to an illness in my family I was not able to come to work for the past 2 weeks. Unfortunately the girl that I left at the office did not know about these forms.

Attached is a check for the amount of the fees before my 1st. If you feel you can not accept this, please let us know and we will have to send you the difference. Thank you for your cooperation in this matter.

Sincerely,

Liedad Yglesias

For

P.S. We also have 3 other corporations that we will send this letter.

Thank you!  
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