


**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 23, 2003 8:00 am**  
**Secretary of State**

04-10-2003 90089 002 \*\*\*150.00

**DOCUMENT # F98000002447**

1. Entity Name  
**LINDECO INTERNATIONAL CORP.**



Principal Place of Business <b>10600 N.W. 37 TERRACE MIAMI FL 33178 US</b>	Mailing Address <b>10600 N.W. 37 TERRACE MIAMI FL 33178 US</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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CHECK HERE IF MAKING CHANGES

City & State	City & State	4. FEI Number <b>11-2333240</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent

**BERNSTEIN, JEFFREY A ESQ.**  
**100 N. BISCAYNE BLVD., STE. 2808**  
**MIAMI FL 33132**

7. Name and Address of New Registered Agent

Name **ENRIQUE ESCOBAR**

Street Address (P.O. Box Number is Not Acceptable)  
**10600 NW 37 TERRACE**

City **Miami** FL Zip Code **33178**

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 **ENRIQUE ESCOBAR** *[Signature]* **4-21/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**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 DPT <b>ESCOBAR, ENRIQUE</b>	<input type="checkbox"/> Delete
STREET ADDRESS <b>11137 N.W. 67 STREET</b>	
CITY-ST-ZIP <b>MIAMI FL 33178</b>	
TITLE NAME DS <b>ESCOBAR, CLARA S</b>	<input type="checkbox"/> Delete
STREET ADDRESS <b>11137 N.W. 67 STREET</b>	
CITY-ST-ZIP <b>MIAMI FL 33178</b>	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **ENRIQUE ESCOBAR** *[Signature]* **4/08/03 (305) 477-4446**

Signature, typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (10/02)