

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90919 005 ***150.00

DOCUMENT # **M17847**

1. Entity Name
I.C.M. CLEARING CO., INC.



Principal Place of Business 12864 BISCAYNE BLVD. #200 NORTH MIAMI FL 33181 US	Mailing Address 12864 BISCAYNE BLVD. #200 NORTH MIAMI FL 33181 US
---	---



2. Principal Place of Business 2805 E. OAKLAND PARK BLVD Suite, Apt. #, etc. # 216	3. Mailing Address 2805 E. OAKLAND PARK BLVD. Suite, Apt. #, etc. # 216
---	--

← CHECK HERE IF MAKING CHANGES

City & State FORT LAUDERDALE, FL	City & State FORT LAUDERDALE, FL
Zip 33306-1813 Country US	Zip 33306-1813 Country US

4. FEI Number 59-2551303	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent --
**CARDIN, ISIDRO
12864 BISCAYNE BLVD.
#200
NORTH MIAMI FL 33181**

7. Name and Address of New Registered Agent / NEW ADDRESS
Name **CARDIN, ISIDRO**
Street Address (P.O. Box Number is Not Acceptable)
2805 E. OAKLAND PARK BLVD. # 216
City **FORT LAUDERDALE FL** Zip Code **33306-1813**

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 DATE **3/27/03**
(NOTE: Registered Agent signature required when reinstating)

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 STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete PD CARDIN, ISIDRO 12864 BISCAYNE BLVD., #200 NORTH MIAMI FL 33181
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete SD CARDIN, MARY 12864 BISCAYNE BLVD., #200 NORTH MIAMI FL 33181
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete T MARTIN, MAKIA L 12864 BISCAYNE BLVD #200 MIAMI FL 33181
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition CARDIN, ISIDRO 2805 E. OAKLAND PARK BLVD # 216 FORT LAUDERDALE, FL 33306-1813
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition CARDIN, MARY 2805 E. OAKLAND PARK BLVD # 216 FORT LAUDERDALE, FL 33306-1813
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition MARTIN, MARIA L. 2805 E. OAKLAND PARK BLVD # 216 FORT. LAUDERDALE, FL 33306-1813
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **SIGNATURE REQUIRED** DATE **3/27/03** Daytime Phone #

CR2E034 (10/02)