2001	UNIFORM	BUSINESS	REPORT	(UBR
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DOCU	MENT # V00083	· • • • • • • • • • • • • • • • • • • •		<u> </u>					
BIC FINANCIAL SERVICES, INC.						FILED			
Principal Place of Business Mailing Address					-	O1 FEB 15 PM 4: 06			
%GREENBERG TRAURIG 1221 BRICKELL AVE MIAMI FL 33131		%GREENBERG TRAURIG 1221 BRICKELL AVE MIAMI FL 33131			SECRETARY OF STATE TALLAHASSEE FLORIDA				
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS S	PACE			
City & State		City & State		4. F	FEI Number 65-0304506		oplied For of Applicable		
Zip	Country Zip Co		Coun	try	5. (\$8.75 Add	ditional	
	6. Name and Address of Current	Registered Agent			7. N	Name and Address of New Registered A			
LOUI	MIET, CARLOS			Name					
1221	BRICKELL AVE			Street Address (P.O. Box Number is Not Acceptable)					
MIAN	Al FL 33131								
				Ciţy	City FL Zip Code				
8. The above	named entity submits this statement for	or the purpose of changing its	register	ed office or regist	tered ag	ent, or both, in the State of Florida.			
CICNATURE						•			
SIGNATURE.	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registere	d Agent signature requi	ired when re	einstating) DATE			
9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 Ma							0 May Be		
Tax filing requirement and elects to do so. (See criteria on back)		•	After MAY 1, 2001 Fee will be \$550 Make Check Payable to Department o			Trust Fund Contribution.		to Fees	
11.	OFFICERS AND	DIRECTORS	12,		AD	DDITIONS/CHANGES TO OFFICERS AND	DIRECTOR	S IN 11	
TITLE NAME	PTSD VILLA CARDONA, SANTIAGO E	☐ Delete	TITL:	i i			☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP	REET ADDRESS CALLE MANUEL MARIA ICAZA NO. 11 STRI		ET ADDRESS - ST-ZIP				}		
TITLE	PANAMA 7, REP. DE PANAMA	☐ Delete	TITLE				☐ Change	Addition	
NAME			NAM	J					
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CITY-ST-ZIP	are all and a second and a second	A (20)		-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 fuel and an officer or director of the corporation or the receiver of rusts empty work of the exemption of the corporation or the receiver of rusts empty work of the exemption of the corporation or the receiver of rusts empty work of the exemption of the corporation or the receiver of rusts empty work of the exemption of the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of rusts empty work of the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or 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 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 supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii). Florida Statutes. I further certified the indicated on this report of the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of the same legal effect as if made under oath; that I am an officer or director of the corporation of the same legal effect as if made under oath; that I am an officer or director of the corporation of the same legal effect as if m									
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Dayline Phone #								-6955	