

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A31691**

1. Entity Name  
**INTERNATIONAL COMMERCE LTD.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 MAY -3 PM 1:33

Principal Place of Business <b>MIAMI-FREE ZONE 2315 N.W. 107TH AVE., BLDG. A. OFC. A-11 MIAMI FL 33172</b>	Mailing Address <b>MIAMI FREE ZONE 2315 N.W. 107TH AVE., BLDG. A. OFC. A-11 MIAMI FL 33172-2164</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>4760 N.W. 165<sup>TH</sup> ST.</b>	3. Mailing Address <b>P.O. Box #4490</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>MIAMI, FL.</b>	City & State <b>DALEAH, FL.</b>	4. FEI Number <b>65-0267971</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>33014</b>	Country <b>USA</b>	Zip <b>33014</b>	Country <b>USA</b>

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

**INTERNATIONAL COMMERCE CORP.  
MIAMI FREE ZONE  
2315 N.W. 107TH AVE., BLDG. A, OFC. A-11  
MIAMI FL 33172**

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. Capital Contributions as Shown on record. <b>\$2,970,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # <b>591573</b>	NAME <b>INTERNATIONAL COMM. CORP</b>	STREET ADDRESS	<b>500003290315--0</b>
STREET ADDRESS <b>2315 N.W. 107TH AVE.</b>	CITY-ST-ZIP <b>MIAMI FL</b>	CITY-ST-ZIP	<b>-06/15/00--01011--014</b>
DOCUMENT #	NAME	STREET ADDRESS	<b>*****526.25 *****526.25</b>
STREET ADDRESS		CITY-ST-ZIP	
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		STREET ADDRESS	
		CITY-ST-ZIP	

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: **SIGNATURE REQUIRED** *[Signature]* **J. GOLDBERG** Date **4/28/00** Daytime Phone # **305-624-5880**

15893) .00E 28C