

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

MIAMI-FREE ZONE

2315 N.W. 107TH AVE., BLDG. A. OFC. A-11

MIAMI FL 33172

Mailing Address

MIAMI FREE ZONE

2315 N.W. 107TH AVE., BLDG. A. OFC. A-11

MIAMI FL 33172-2164



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4760 N.W. 165TH ST.

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 4490

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

DALEAH, FL

Zip

33014

Country

USA

Zip

33014

Country

USA

4. FEI Number

65-0267971

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$2,970,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

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

DOCUMENT #

591573

NAME

INTERNATIONAL COMM. CORP

STREET ADDRESS

2315 N.W. 107TH AVE.

CITY - ST - ZIP

MIAMI FL

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

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CITY - ST - ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

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CITY - ST - ZIP

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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

4/28/00

305-624-5880

(56/3) .00E 28C