

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90062 021 ***150.00

DOCUMENT # F00000002337

1. Entity Name

I-CARAUCION.COM, INC.

Principal Place of Business

**701 BRICKELL AVE., SUITE 3120
MIAMI FL 33131**

Mailing Address

**701 BRICKELL AVE., SUITE 3120
MIAMI FL 33131**

2. Principal Place of Business

1221 BRICKELL AVE

Suite, Apt. #, etc.
SUITE 900

City & State
MIAMI FL

Zip
33131

Country

3. Mailing Address

1221 BRICKELL AVE

Suite, Apt. #, etc.
SUITE 900

City & State
MIAMI FL

Zip
33131

Country

4. FEI Number **22-3608367**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**KALIMI, JAMES
701 BRICKELL AVE., SUITE 3120
MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name **CORPORATE CREATIONS**
Street Address **941 BRICKELL AV, #200**
City **MIAMI** FL **33131**

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. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **PSCD** ☐ Delete
NAME **KALIMI, JAMES**
STREET ADDRESS **701 BRICKELL AVE., SUITE 3120**
CITY-ST-ZIP **MIAMI FL 33131**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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STREET ADDRESS
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSCD** ☒ Change ☐ Addition
NAME **KALIMI, JAMEE M**
STREET ADDRESS **1221 BRICKELL AVE SUITE 900**
CITY-ST-ZIP **MIAMI, FL 33131**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

James M. Kalimi, President 4/17/01 305-358-3678

CR2E034 (10/00)