

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90067 027 ***150.00

**FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # F00000002337

1. Entity Name
 I-CARAUCION.COM, INC. ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1221 Brickell Avenue		3. Mailing Address 1221 Brickell Avenue	
Suite, Apt. #, etc. Suite 900		Suite, Apt. #, etc. Suite 900	
City & State Miami, FL		City & State Miami, FL	
Zip 33131	Country US	Zip 33131	Country US

DO NOT WRITE IN THIS SPACE

4. FEI Number 22-3698367	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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7. Name and Address of Current Registered Agent

Name Corporate Creatons
Street Address (P.O. Box Number is Not Acceptable) 941 Fourth Street, #200
City Miami Beach FL 33139

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. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

January 1 - May 1 Fee is \$150.00
 After May 1, Fee is \$550.00
 Amended UBR is \$61.25
 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 NAME STREET ADDRESS CITY-ST-ZIP	PDST Kalimi, Jamee M. 1221 Brickell Av. STE 900 Miami, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Jamee Kalimi, President 4/26/02 305-358-3678

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)