

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 10, 2003 8:00 am**  
**Secretary of State**

04-10-2003 90118 028 \*\*\*150.00

**DOCUMENT # F01000002860**

**1. Entity Name**  
**INTERNATIONAL COMMUNICATIONS & MEDIA GROUP, INC.**



**Principal Place of Business**  
8350 N.W. 52ND TERRACE, SUITE NO. 407  
MIAMI FL 33166

**Mailing Address**  
8350 N.W. 52ND TERRACE, SUITE NO. 407  
MIAMI FL 33166

**2. Principal Place of Business**  
1000 BRICKELL AVE.

**3. Mailing Address**  
1000 BRICKELL AVE

Suite, Apt. #, etc.  
215

Suite, Apt. #, etc.  
215

City & State  
MIAMI, FL

City & State  
MIAMI, FL

Zip  
33131

Country  
USA

Zip  
33131

Country  
USA

**4. FEI Number** 65-1091812

Applied For  
Not Applicable

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES



**6. Name and Address of Current Registered Agent**

**RICARDO A. GONZALEZ & ASSOCIATES, P.A.**  
7270 N.W. 12TH STREET, PH 9  
MIAMI FL 33126

**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. I am familiar with, and accept the obligations of registered agent.**

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**TITLE** V ☒ Delete  
**NAME** SEBA, PATRICIA  
**STREET ADDRESS** 8350 NW 104 AVENUE SUITE 407  
**CITY-ST-ZIP** MIAMI FL 33166

**TITLE** P ☒ Delete  
**NAME** VAZQUEZ, GERARD  
**STREET ADDRESS** 8350 NW 104 AVENUE SUITE 407  
**CITY-ST-ZIP** MIAMI FL 33166

**TITLE** VST ☒ Delete  
**NAME** HERNANDEZ, WILFREDO  
**STREET ADDRESS** 8550 N.W. 52ND TERRACE, STE. 407  
**CITY-ST-ZIP** MIAMI FL 33166

**TITLE** D ☒ Delete  
**NAME** GONZALEZ, RICARDO ESQ.  
**STREET ADDRESS** 7270 NW. 12TH STREET, PH 9  
**CITY-ST-ZIP** MIAMI FL 33126

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

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

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** PVST ☐ Change ☒ Addition  
**NAME** ALBERTO J. ESCALONA  
**STREET ADDRESS** 1000 BRICKELL AVE., SUITE # 215  
**CITY-ST-ZIP** MIAMI, FL 33131

**TITLE** D ☐ Change ☒ Addition  
**NAME** ALBERTO J. ESCALONA  
**STREET ADDRESS** 1000 BRICKELL AVE., SUITE #215  
**CITY-ST-ZIP** MIAMI, FL 33131

**TITLE** D ☐ Change ☒ Addition  
**NAME** LUIS FERNANDO ALCALA  
**STREET ADDRESS** 1000 BRICKELL AVE., SUITE #215  
**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  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**12. 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 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.**

**SIGNATURE:**

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/4/03

(305)  
329-2560

CR2E034 (10/02)