## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## FILED Apr 29, 2002 8:00 am Secretary of State DOCUMENT # F01000005516 1. Entity Name INTERNATIONAL CORPORATE STRATEGIES, INC. 04-29-2002 90037 027 \*\*\*158 Principal Place of Business Mailing Address 2500 E. HALLENDALE BEACH BLVD., STE 809 2500 E. HALLENDALE BEACH BLVD., STE 809 HALLENDALE FL 33009 HALLENDALE FL 33009 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 23-2990922 Not Applicable - Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 2500 E HALLANDALE BEACH BLVD., STE 809 HALLENDALE FL 33009 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 وأث SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State Added to Fees 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITI F C ☐ Delete TITLE ☐ Change ☐ Addition NAME TAYLOR, HOWARD NAME 2500 E HALLENDALE BEACH BLVD., STE 809 STREET ADDRESS STREET ADORESS CITY-ST-ZIP HALLENDALE FL 33009 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition FINERMAN, HERB NAME NAME STREET ADDRESS 20191-E.-COUNTRY CLUB DRIVE SUITE 511 STREET ADDRESS **AVENTURA FL 33180** CITY-ST-ZIP CITY-ST-ZIPwe lies den **X** Delete TITLE Addition Addition MOREJON, SÁRAY A NAME 2500 E MALLENDALE BEACH BLVD, STE 809 STREET ADDRESS STREET ADDRESS HALLANDALE FL 33009 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP is filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information e and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director ered to execute this report as required by Chapter 607, Florida Statutes; and that my time appears in Block 11 or Block 12 if 13. I hereby certify that the information supplied with this indicated on this report or supplemental report is true of the corporation or the receiver or trustee empore changed, or on an attachment with an address

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR