

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State
 04-30-2001 90120 046 ***150.00

DOCUMENT # F30156

1. Entity Name

INTERNATIONAL CORNER, INC.

Principal Place of Business

**10730 N.W. 25TH ST.
 MIAMI FL 33172
 US**

Mailing Address

**10730 N.W. 25TH ST.
 MIAMI FL 33172
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0103218**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RODRIGUEZ, MARIA T.
 120 S.W. 26TH RD.
 MIAMI FL FL 33129**

Name

Street Address (P.O. Box Number is Not Acceptable)

371 SW 29 Road

City

Miami

Zip Code

33145

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **ST** ☐ Delete
 NAME **RODRIGUEZ, MARIA T**
 STREET ADDRESS **120 S.W. 26TH RD.**
 CITY-STATE-ZIP **MIAMI FL 33129**

TITLE **President** ☒ Change ☐ Addition
 NAME **Rodriguez Maria T.**
 STREET ADDRESS **371 SW 29 Rd.**
 CITY-STATE-ZIP **Miami, Florida 33129** ☐ Change ☐ Addition

TITLE **P** ☒ Delete
 NAME **RODRIGUEZ, AURELIO F.**
 STREET ADDRESS **120 S.W. 26TH RD.**
 CITY-STATE-ZIP **MIAMI FL 33129**

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

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

TITLE **Secretary-Treasure** ☐ Change ☒ Addition
 NAME **Regla Teresa Klumpp**
 STREET ADDRESS **1600 SW 13 Avenue Miami, Fl.**
 CITY-STATE-ZIP **33145**

TITLE ☐ Delete
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 STREET ADDRESS ☐ Delete
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 CITY-STATE-ZIP ☐ Delete

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: *X*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/01 **305-594-3717**
 Date Daytime Phone #

CR2E034 (10/00)