

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 05, 2002 8:00 am**  
**Secretary of State**

03-05-2002 90314 001 \*\*\*600.00

UBR 3-05-02

**DOCUMENT # F78935**

1. Entity Name  
**INTERNATIONAL SALES - CARIBBEAN CORP.**

|   |   |
|---|---|
| Principal Place of Business<br><b>2200 CORPORATE BLVD. N.W.<br/>         SUITE 401<br/>         BOCA RATON FL 33431</b> | Mailing Address<br><b>2200 CORPORATE BLVD. N.W.<br/>         SUITE 401<br/>         BOCA RATON FL 33431</b> |
|---|---|

- 10611



DO NOT WRITE IN THIS SPACE

|                                |         |                     |         |   |                |
|--------------------------------|---------|---------------------|---------|---|----------------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         | 4. FEI Number<br><b>59-2207287</b>  | Applied For    |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |   | Not Applicable |
| City & State                   |         | City & State        |         | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required |                |
| Zip                            | Country | Zip                 | Country |   |                |

**6. Name and Address of Current Registered Agent**      **7. Name and Address of New Registered Agent**

**HCRM CORP.**  
**2200 CORPORATE BLVD. N.W.**  
**SUITE 401**  
**BOCA RATON FL 33431**

|  |                    |
|--|--------------------|
| Name   |                    |
| Street Address (P.O. Box Number is Not Acceptable) |                    |
| City   | <b>FL</b> 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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

|   |   |  |
|---|---|--|
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/> | <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2002 Fee will be \$550.00</b><br><b>Make Check Payable to Department of State</b> | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |
|---|---|--|

| 11. OFFICERS AND DIRECTORS                        |  | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|---|--|---|---|
| TITLE<br><b>PD</b>                                | <input type="checkbox"/> Delete<br><b>HUNT, ROBERT J.</b>  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS<br><b>2200 CORP. BLVD NW, 401</b>  |  | STREET ADDRESS  |   |
| CITY-ST-ZIP<br><b>BOCA RATON FL 33431</b>         |  | CITY-ST-ZIP   |   |
| TITLE<br><b>VP</b>                                | <input type="checkbox"/> Delete<br><b>MALDONADO, ELICE</b> | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS<br><b>2200 CORP. BLVD. NW, 401</b> |  | STREET ADDRESS  |   |
| CITY-ST-ZIP<br><b>BOCA RATON FL 33431</b>         |  | CITY-ST-ZIP   |   |
| TITLE   | <input type="checkbox"/> Delete                            | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |  | NAME  |   |
| STREET ADDRESS                                    |  | STREET ADDRESS  |   |
| CITY-ST-ZIP                                       |  | CITY-ST-ZIP   |   |
| TITLE   | <input type="checkbox"/> Delete                            | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |  | NAME  |   |
| STREET ADDRESS                                    |  | STREET ADDRESS  |   |
| CITY-ST-ZIP                                       |  | CITY-ST-ZIP   |   |
| TITLE   | <input type="checkbox"/> Delete                            | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |  | NAME  |   |
| STREET ADDRESS                                    |  | STREET ADDRESS  |   |
| CITY-ST-ZIP                                       |  | CITY-ST-ZIP   |   |
| TITLE   | <input type="checkbox"/> Delete                            | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |  | NAME  |   |
| STREET ADDRESS                                    |  | STREET ADDRESS  |   |
| CITY-ST-ZIP                                       |  | 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: *Robert J. Hunt*      *2/13/02*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/01)