

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

**FILED**  
**Mar 24, 2003 8:00 am**  
**Secretary of State**

03-24-2003 91013 033 \*\*\*150.00

DOCUMENT # *F95000004482*

1. Entity Name

*INTERCONTINENTAL ASSOCIATES INC  
D/B/A INTERCONTINENTAL ASSOC. HOLDINGS*



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

*335 W WOOD DRIVE*

Suite, Apt. #, etc.

City & State

*KEY BISCAIYNE, FL*

Zip

*33149*

Country

*USA*

3. Mailing Address

*SAME*

Suite, Apt. #, etc.

City & State

4. FEI Number

*98-0114467*

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

*LUCIA SMITH*

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

*335 W WOOD DRIVE*

City

*KEY BISCAIYNE, FL*

**FL**

Zip Code

*33149*

**DO NOT WRITE  
IN THIS SPACE**

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	<i>BARDELLA, GIANFRANCO</i>	<i>PRES.</i>					
	<i>C/O LUCY SMITH</i>						
	<i>335 W WOOD DRIVE</i>						
	<i>KEY BISCAIYNE, FL</i>		<i>33149</i>				
	<i>DIRECTOR</i>						
	<i>LUCY SMITH</i>						
	<i>335 W WOOD DRIVE</i>						
	<i>KEY BISCAIYNE, FL</i>		<i>33149</i>				

**DO NOT WRITE  
IN THIS SPACE**

CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Lucia Smith*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/22/03*

Date

Daytime Phone #