

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2000 8:00 am
Secretary of State

03-13-2000 90067 012 ***150.00

DOCUMENT # **G97853**

1. Entity Name
INTERNATIONAL CORPORATE SERVICES, INC.

Principal Place of Business 1320 SOUTH DIXIE HIGHWAY SUITE 1045 CORAL GABLES FL 33146 US	Mailing Address 1320 SOUTH DIXIE HIGHWAY SUITE 1045 CORAL GABLES FL 33146-2921 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
250 CATALONIA AVE
 Suite, Apt. #, etc.
SUITE 302
 City & State
CORAL GABLES, FL.
 Zip
33134 | Country
USA

3. Mailing Address
(Same)
 Suite, Apt. #, etc.
 City & State
 Zip
 Country

4. FEI Number 59-2409589	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CARLSON, ROD
1320 SOUTH DIXIE HIGHWAY
SUITE 1045
CORAL GABLES FL 33146

Name CARLSON, Rod
Street Address (P.O. Box Number is Not Acceptable) 250 CATALONIA AVE,
SUITE 302
City CORAL GABLES FL Zip Code 33134

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 _____

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, 2000 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 DP	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME RADOSEVICH, MARK G.		NAME	
STREET ADDRESS 1320 SOUTH DIXIE HIGHWAY SUITE 1045		STREET ADDRESS	
CITY-ST-ZIP CORAL GABLES FL 33146		CITY-ST-ZIP	
TITLE V	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME CARLSON, ROD		NAME	
STREET ADDRESS 1320 SOUTH DIXIE HIGHWAY SUITE 1045		STREET ADDRESS	
CITY-ST-ZIP CORAL GABLES FL 33146		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: M. Bernardy (REQUIRED)
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

CR2E034 (9/99)