

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2002 8:00 am
Secretary of State

01-31-2002 90082 023 ****50.00

DOCUMENT # L01000008962

1. Entity Name
ICEP INTERNATIONAL LLC

Principal Place of Business

**9620 N.E. 2ND AVE. #203
 MIAMI SHORES FL 33138**

Mailing Address

**9620 N.E. 2ND AVE. #203
 MIAMI SHORES FL 33138**

2. Principal Place of Business

301 Almeida Av.

3. Mailing Address

P.O. Box 414271

Suite, Apt. #, etc.

Suite 103

Suite, Apt. #, etc.

City & State

Coral Gables

City & State

MIAMI BEACH

Zip

33134

Country

USA

Zip

33141

Country

USA

6. Name and Address of Current Registered Agent

**ENRIQUE MADRID, MANUEL
 5101 COLLINS #5J
 MIAMI BEACH FL 33140**

7. Name and Address of New Registered Agent

Name **Domingo Alonso**

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

301 Almeida Ave.

Suite 103

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

Signature, typed or printed name of registered agent and title if applicable.

DOMINGO ALONSO

(NOTE: Registered Agent signature required when reinstating)

DATE

1/21/02

**FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☒ Delete
 NAME **ENRIQUE MADRID, MANUEL**
 STREET ADDRESS **5101 COLLINS #5J**
 CITY-ST-ZIP **MIAMI BEACH FL 33140**

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

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Change ☒ Addition
 NAME **Carlos Madrid Diaz**
 STREET ADDRESS **9 Norte #1029**
 CITY-ST-ZIP **VIA DE MAR-Chile**

TITLE ☐ Change ☐ Addition
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 STREET ADDRESS
 CITY-ST-ZIP

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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED
CARLOS MADRID

1/23/2002 1-(323) 860-9827 USA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)