2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L27636 1. Entity Name

ICATECH CORPORATION

Principal Place of Business

2. Principal Place of Business

Mailing Address

2655 LEJEUNE RD

2655 LEJUNE RD

STE 1000

STE 1000

CORAL GABLES FL 33134

CORAL GABLES FL 33134

Suite, Apt. #, etc.

City & State

Zip

3. Mailing Address

1424 WEST SAM HOUSTON

Suite, Apt. #, etc. 180

7.7,043

City & State HOUSTON,

TXZip

4. FEI Number

5. Certificate of Status Desired

65-0169691

7. Name and Address of New Registered Agent

Applied For Not Applicable \$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

MALE, MICHAEL H. 3250 MARY ST SUITE 303 **MIAMI FL 33133**

Name

Country

USA.

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

City

(NOTE: Registered Agent signature required when reinstating)

FL

FILED Feb 04, 2000 8:00 am

Secretary of State

02-04-2000 90020 007 ***150.00

ひひび主んびは生

DO NOT WRITE IN THIS SPACE

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.

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.

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

(See criteria on back) жx ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. P/D ☐ Change TITLE ☐ Delete TITLE HERNANDEZ, ANTONIO NAME NAME SEPULVEDA, BERNARDO STREET ADDRESS STREET ADDRESS 2655 LEJEUNE RD STE 1000 2655 LEJEUNE RD STE 1000 CITY-ST-ZIP CITY-ST-ZIP **CORAL GABLES FL 33134** CORAL GABLES, FL. 33134 Change TITLE V/D X Delete TITLE MONTANO, SERGIO NAME NAME VIDAL, ULISES STREET ADDRESS STREET ADDRESS 2655 LEJEUNE RD STE 1000 1424 WEST SAM HOUSTON, STE 180 CITY-ST-7IP CITY-ST-ZIP CORAL GABLES FL:33134_ HOUSTON TEXAS 77043 Change TITLE TITLE Delete NAME ZARATE, LUIS NAME GUERRERO, JOSE L. STREET ADDRESS STREET ADDRESS 2655 LEJEUNE RE STE 1000 2655 LEJEUNE RD, STE 1000 CITY-ST-ZIP CITY-ST-ZIP CORAL GABLES FL 33134 <u>CORAL GABLE, FL. 33134</u> X Addition ☐ Change TITLE VPAT Delete TITLE SALINAS, FERNADO SANCHEZ, MANUEL NAME 1424 WEST SAM HOUSTON, STE 180 STREET ADDRESS STREET ADDRESS 2655 LEJEUNE RE STE 1000 CITY-ST-ZIP HOUSTON, TX. 77043 CITY-ST-ZIP CORAL GABLES FL 33134 X Delete ☐ Change Addition TITLE VAS TITLE MARIN, ERNESTO NAME NAME STREET ADDRESS STREET ADDRESS 2655 LEJEUNE RD STE 1000 CITY-ST-ZIP CITY-ST-ZIP **CORAL GABLES FL 33134** ☐ Delete TITLE Change ☐ Addition TITLE SERINA, QUIRICO NAME NAME STREET ADDRESS STREET ADDRESS 2655 LEJEUNE RD STE 1000

CORAL GABLES FL 33134 13. I hereby certify that the information supplied with this filling 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 affective empowered.

CITY-ST-ZIP

SIGNATURE: .

CITY-ST-ZIP

inas [Fernand@ SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-28-00

(713)464-2212

Daytime Phone #