

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 10, 2001 8:00 am
Secretary of State

09-10-2001 90058 014 ***550.00

0131198 AT

DOCUMENT # L27636

1. Entity Name
ICATECH CORPORATION

Principal Place of Business
2655 LEJEUNE RD
STE 1000
CORAL GABLES FL 33134
US

Mailing Address
1424 W. SAM HOUSTON
STE 180
HOUSTON TX 77043
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip Country Zip Country

4. FEI Number **65-0169691** Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** 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 _____

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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

TITLE **P/D**
 NAME **HERNANDEZ, ANTONIO**
 STREET ADDRESS **2655 LEJEUNE RD STE 1000**
 CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE **V/D**
 NAME **VIDAL, ULISES**
 STREET ADDRESS **1424 W. SAM HOUSTON, STE 180**
 CITY-ST-ZIP **HOUSTON TX 77043**

TITLE **V**
 NAME **GUERRERO, JOSE L**
 STREET ADDRESS **2655 LEJEUNE RE STE 1000**
 CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE **V/AS**
 NAME **SALINAS, FERNADO**
 STREET ADDRESS **1424 W. SAM HOUSTON, STE 180**
 CITY-ST-ZIP **HOUSTON TX 77043**

TITLE **VPS**
 NAME **SERINA, QUIRICO**
 STREET ADDRESS **2655 LEJEUNE RD STE 1000**
 CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 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)(4), 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: **ULISES VIDAL**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (5/01)