

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90919 005 ***150.00

DOCUMENT # M17847

1. Entity Name
I.C.M. CLEARING CO., INC.



Principal Place of Business
**12864 BISCAYNE BLVD.
#200
NORTH MIAMI FL 33181
US**

Mailing Address
**12864 BISCAYNE BLVD.
#200
NORTH MIAMI FL 33181
US**



2. Principal Place of Business
2805 E. OAKLAND PARK BLVD

3. Mailing Address
2805 E. OAKLAND PARK BLVD.

Suite, Apt. #, etc.
216

Suite, Apt. #, etc.
216

City & State
FORT LAUDERDALE, FL

City & State
FORT LAUDERDALE, FL

4. FEI Number **59-2551303**

Applied For
☐ Not Applicable

Zip Country
33306-1813 US

Zip Country
33306-1813 US

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

6. Name and Address of Current Registered Agent

**CARDIN, ISIDRO
12864 BISCAYNE BLVD.
#200
NORTH MIAMI FL 33181**

7. Name and Address of New Registered Agent / NEW ADDRESS

Name **CARDIN, ISIDRO**
Street Address (P.O. Box Number is Not Acceptable) **2805 E. OAKLAND PARK BLVD. # 216**
City **FORT LAUDERDALE** FL Zip Code **33306-1813**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/27/03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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	PD CARDIN, ISIDRO 12864 BISCAYNE BLVD., #200 NORTH MIAMI FL 33181	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CARDIN, MARY 12864 BISCAYNE BLVD., #200 NORTH MIAMI FL 33181	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MARTIN, MAKIA L 12864 BISCAYNE BLVD #200 MIAMI FL 33181	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CARDIN, ISIDRO 2805 E. OAKLAND PARK BLVD # 216 FORT LAUDERDALE, FL 33306-1813	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CARDIN, MARY 2805 E. OAKLAND PARK BLVD # 216 FORT LAUDERDALE, FL 33306-1813	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MARTIN, MARIA L. 2805 E. OAKLAND PARK BLVD # 216 FORT. LAUDERDALE, FL 33306-1813	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/27/03

CR2E034 (10/02)