2002 Uniform Business Report (UBR)

Mar 27, 2002 8:00 am Secretary of State M18314 DOCUMENT # 1. Entity Name INTERNATIONAL COMMERCE GROUP, INC. 03-27-2002 90069 016 ***150.00 Principal Place of Business Mailing Address 3521 S.W. 88TH COURT P O BOX 558125 DUUDITAJO MIAMI FL 33165-4323 MIAM! FL 33255-8125 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2561932 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MARTORY, JOSEPH J. Street Address (P.O. Box Number is Not Acceptable) 3521 S.W. 88TH COURT S-1411 MIAMI FL 33165 City 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. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Inta FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so-Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS ND DIRECTORS 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE . IPSD CR2E034 (9/01) ☐ Delete TITLE ☐ Addition MARTORY, IRIS NAME NAME O 3521 S. W. 88TH CT. STREET ADDRESS STREET ADDRESS MIAMI FL 33165 CITY-ST-ZIP CITY-ST-ZIP MDVT TITLE ☐ Delete ☐ Change TITLE ☐ Addition NAME MARTORY, JOSEPH J NAME STREET ADDRESS 3521 S. W. 88TH CT. STREET ADDRESS CITY-ST-ZIP MIAMI FL 33165 CITY-ST-ZIP - - - - Delete - - - -☐ Change Addition. NAME RODRIGUEZ, GUILLERMO STREET ADDRESS 3521 S.W. 88TH CT. STREET ADDRESS CITY-ST-ZIP MIAMI FL 33165 CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP I hereby certify that the information supplied with this filling does not principle to this report or supplemental report is true and accurate and the corporation or the receiver or trustee empowered to execute this changed, or on an attachment with an address. of for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information at my signature shall have the same legal effect as if made under oath; that I am an officer or director or the same legal effect as if made under oath; that I am an officer or director or as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

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to execute this re

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED