YESIT Y. CAMPO

FILED
May 17, 2001 8:00 am
Secretary of State
05-17-2001 91291 045 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M48598

1. Entity Name

INTERAMERICAN AND CARIBBEAN BUSINESS CENTER, INC.

Principal Place of Business	Mailing Address
190 PEBBLES BEACH BLVD. # 402 NAPLES, FL. 34113	190 PEBBLES BEACH BLVD. #402 NAPEES, FL. 34113

A0067906

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
190 PEBBLES BEACH BLVD	190 PEBBLES BEACH BLVD
Suite, Apt. #, etc. SUITE 402	Suite, Apt. #, etc. SUITE 402
City & State NAPLES, FL.	City & State NAPELES, FL.
Zip 34113 Country	Zip 34113 Country

4. FEI Number 59-2804297 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PAGAN, SOFIA
190 PEBBLES BEACH, BLVD. # 402
NAPLES, FL. 34113

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: [signature] 04/25/01
Signature, typed or printed name of registered agent and title if applicable (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 $150.00 After MAY 1, 2001 Fee will be $550.00 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	DP	☐ Delete
NAME	PAGAN SOFIA	
STREET ADDRESS	190 PEBBLES BEACH, BLVD. # 402	
CITY-ST-ZIP	~~NAPEES, FL. 34113~~	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
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TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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)(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 all other like empowered.

SIGNATURE: [signature] 04/25/01 (941) 732-7800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #