

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

2. Principal Place of Business	3. Mailing Address
190 PEBBLES BEACH BLVD.	190 PEBBLES BEACH BLVD.

DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc. SUITE 402	Suite, Apt. #, etc. SUITE 402	4. FEI Number 59-2804297	Applied For ☐ Not Applicable
City & State NAPLES, FL.	City & State NAPELES, FL.	5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
Zip 34113	Country	Zip 34113	Country

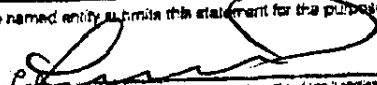
6. Name and Address of Current Registered Agent

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 

(SEAL) Registered Agent signature required when registering

04/25/01

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
MAINTENANCE FEE IS \$50.00
NAME CHECK PROVIDED TO DEPARTMENT OF STATE

10. Election Campaign Financing
 Trust Fund Contribution ☐ \$5.00 May Be
 Added to Fee

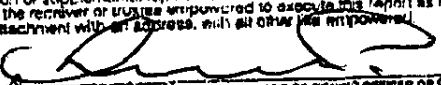
11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
DP	PAGAN SOFIA	190 PEBBLES BEACH, BLVD. # 402	NAPLES, FL. 34113	☐

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
				☐	☐

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 fees imposed.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/25/01 (94) 732-7800