FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
02 APR 10 PM 3:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M48598

1. Entity Name
INTERAMERICAN AND CARIBBEAN BUSINESS CENTER INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2663 AIRPORT RD.	2663 AIRPORT RD.
Suite, Apt. #, etc. D-102	Suite, Apt. #, etc. D-102
City & State NAPLES, FL.	City & State NAPLES, FL.
Zip 34112 Country	Zip 34112 Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 592804297 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name PAGAN, SOFIA
Street Address (P.O. Box Number is Not Acceptable) 2663 AIRPORT RD. D-102
City NAPLES FL Zip Code 34112

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) DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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
NAME	PAGAN SOFIA
STREET ADDRESS	2663 AIRPORT RD. D-102
CITY-ST-ZIP	NAPLES, FL. 34112
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	

FILE COPY

200005326582--1
-04/23/02--01058--030
****150.00 ****150.00

CR2E034 (12/01)

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: ______ 04-04-02 239-732-7800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #