

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **M78237**

1. Entity Name  
**INTERNATIONAL COTTON GROUP, INC.**

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**

04-22-2002 90133 044 \*\*\*150.00

Principal Place of Business  
**8356 NW 74 AVENUE**  
**MEDLEY FL 33166**  
**US**

Mailing Address  
**8356 NW 74 AVENUE**  
**MEDLEY FL 33166**  
**US**

29622

2. Principal Place of Business  
**8356 NW 74 Ave**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0046152**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ALHAMBRA REGISTERED AGENTS**  
**2 ALAMBRA PLAZA**  
**SUITE 1202**  
**CORAL GABLES FL 33144**

Name **SKS, INC.**  
Street Address (P.O. Box Number is Not Acceptable)  
**8356 NW 74 Ave**  
**Medley**  
City **Florida 33166 FL** Zip Code **33166**

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 **Maurella V. P.**  
Signature, typed or printed name of registered agent and fee applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**05/06/02**

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	NAME	PESCIOTTO, ALBERTO	STREET ADDRESS	8356 NW 74TH AVE	CITY-ST-ZIP	MEDLEY FL	<input type="checkbox"/> Delete
TITLE	D	NAME	RAFFO, JUAN MIGUEL	STREET ADDRESS	8356 NW 74TH AVE	CITY-ST-ZIP	MEDLEY FL	<input checked="" type="checkbox"/> Delete
TITLE	D	NAME	VARGAS, ROSA	STREET ADDRESS	8356 NW 74TH AVE	CITY-ST-ZIP	MEDLEY FL	<input checked="" type="checkbox"/> Delete
TITLE	D	NAME	RAMIREZ, CARLOS	STREET ADDRESS	8356 NW 74TH AVE	CITY-ST-ZIP	MEDLEY FL	<input type="checkbox"/> Delete
TITLE	D	NAME	BADIOLA, FERNANDO	STREET ADDRESS	8356 NW 74TH AVE	CITY-ST-ZIP	MEDLEY FL	<input type="checkbox"/> Delete
TITLE	D	NAME	MAURELLA, V. P.	STREET ADDRESS	8356 NW 74TH AVE	CITY-ST-ZIP	MEDLEY FL	<input type="checkbox"/> Delete

TITLE	D	NAME	MAURELLA, V. P.	STREET ADDRESS	8356 NW 74TH AVE	CITY-ST-ZIP	MEDLEY FL	33166	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	D	NAME	GOMEZ, RICARDO	STREET ADDRESS	8356 NW 74TH AVE	CITY-ST-ZIP	MEDLEY FL	33166	<input type="checkbox"/> Change <input checked="" 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
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> 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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04/08/02** **(305) 882-1245**  
Date Daytime Phone #

CR2E034 (9/01)