

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000021272

1. Entity Name

INTERCONTINENTAL INVESTMENTS CORPORATION

FILED

May 14, 2001 8:00 am
Secretary of State

05-14-2001 90222 013 ***158.75

Principal Place of Business

Mailing Address

1550 MADRUGA AVENUE SUITE 240
CORAL GABLES FL 33146

1550 MADRUGA AVENUE SUITE 240
CORAL GABLES FL 33146

00050738



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6401 SW 87 CT

3. Mailing Address

6401 SW 87 CT

Suite, Apt. #, etc.

202

Suite, Apt. #, etc.

202

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

65-0985688

Applied For

Not Applicable

Zip

33123

Country

Dade

Zip

33173

Country

Dade

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FIGUEROA, RONALDO R CPA
1550 MADRUGA AVENUE SUITE 240
CORAL GABLES FL 33146

7. Name and Address of New Registered Agent

Name: FIGUEROA, RONALDO R, CPA
Street Address (P.O. Box Number is Not Acceptable):
6401 SW 87 CT
Suite 202
City: MIAMI FL Zip Code: 33173

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) ☒

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: D ☐ Delete
NAME: FIGUEROA, RONALDO R CPA
STREET ADDRESS: 1550 MADRUGA AVENUE SUITE 240
CITY-ST-ZIP: CORAL GABLES FL 33146

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
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STREET ADDRESS:
CITY-ST-ZIP:

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TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☒ Change ☐ Addition
NAME:
STREET ADDRESS: 6401 SW 87 CT, Suite 202
CITY-ST-ZIP: MIAMI, FL 33173

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
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TITLE: ☐ Change ☐ Addition
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TITLE: ☐ Change ☐ Addition
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 or without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)