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Daytime Phone #

## 2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with

SIGNATURE AND

SIGNATURE:

## Aug 16, 2001 8:00 am DOCUMENT # P000000 83281 Secretary of State 08-16-2001 90003 029 \*\*\*150.00 ICEBERG DEPOT CORP. 10740 WASHINGTON STREET 10740-WASHINGTON STREET A0081471 PEMBROKE PINES, FL 33025 PEMBROKE PINES, FL 33025 2. Principal Place of Business! AV. 2801 NW 74<sup>th</sup> AV. 3. Mailing Address - P.O. BOX 565308 Suite, Apt. #, etc Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE 107 City & State 4. FEI Number 65-1036966 Applied For City & State ΜΙΑΜΙ MIAMI Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 33152 37256 MIAMI-JASE MIAMIL DADE Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ANTONIO J. CAMARGO ANIONIO J. CAMARGO Street Address (P.O. Box Number is Not Acceptable) 2801 NW 74 AVENUE 10740 WASHINGTON STREET PEMBROKE PINES, FL 33025 MIAMI 8. The above named equity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE 👱 typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1,2001 Fee will be \$550.00 Make Check Payable to Department of State Tax filling requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PD Change TITLE Delete TITL F ANTONIO J. CAMARGO # 107 ANTONIO J. COMMANDET 10740 WASHINGTON STREET 33025 ANTONIO, J. - CAMARGO MAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Addition ☐ Change TITLE TITLE CHRISTIAN ALTAMIRANDA NAME NAME STREET ADDRESS 10740 WASHINGTON STREET STREET ADDRESS EMBROKE PINES, FL 33025 CITY - ST - ZIP CITY-ST-ZIP ☐ Change TITLE TITLE Delete ELOY G. NUNEZ #107 NAME NAME. STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP MIAMI 33/27 TITLE ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY-ST-ZIP Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP Change Addition HILLE Delete TITLE HAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 sport 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 fruggle empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

all other like empowered.

YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

August 6, 2001

Department of State Tallahassee Florida

Ref: Iceberg Depot Corp.
Doc # P0000083281
Annual Report

Dear Sir/Madam:

Please abate the penalty. We never received the 2001 Uniform Business Report form. We are a new corporation. Our address should had reflected a suite number, but it didn't. That is probably why we never received such form. We are herein enclosing a hand written report 2001 with our check in the amount of \$150.00.

Please, process as soon as possible.

Respectfully yours,

Antonio U. Camargo, Secretary/Director