

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90396 050 ***150.00

DOCUMENT # P01000012042

1. Entity Name
INTERNATIONAL ARBITRATION CONSULTANTS CORP.

Principal Place of Business
12550 BISCAYNE BLVD.
STE 500
N. MIAMI FL 33181

Mailing Address
12550 BISCAYNE BLVD.
STE 500
N. MIAMI FL 33181



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

651079326

Applied For

☒ **Not Applicable**

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

MEDEZ, LEXYS M
1045 KANE CONCOURSE (96 ST)
BAY HARBOR ISLANDS FL 33154

7. Name and Address of New Registered Agent

Name **MEDEZ, LEXYS M.**

Street Address (P.O. Box Number is Not Acceptable)

12550 Biscayne Boulevard #500

City **N. Miami**

FL

Zip Code **33181**

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE **PVST** ☐ **Delete**
NAME **MEDEZ, LEXYS M**
STREET ADDRESS **12250 BISCAYNE BLVD., STE 500**
CITY-ST-ZIP **N. MIAMI FL 33181**

TITLE **D** ☐ **Delete**
NAME **MEDEZ, LEXYS M**
STREET ADDRESS **12250 BISCAYNE BLVD., STE 500**
CITY-ST-ZIP **N. MIAMI FL 33181**

TITLE ☐ **Delete**
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CITY-ST-ZIP

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CITY-ST-ZIP

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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 all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/10/02

Date

(305) 459-0554

Daytime Phone #

CR2034 (9/01)