

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90717 027 \*\*\*158.75

DOCUMENT # P01000044986

1. Entity Name

ICG INTERNATIONAL COMPUTER GROUP, INC.

**DO NOT WRITE IN THIS SPACE**

**11039674**

2. Principal Place of Business

**8380 N.W. 68th STREET**

3. Mailing Address

**8380 N.W. 68th STREET**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**MIAMI, FL.**

City & State

**MIAMI, FL.**

4. FEI Number

**65-1101612**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

7. Name and Address of Current Registered Agent

Name

**KILGORE, LILIANA M.**

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

**8380 N.W. 68th STREET**

City

**MIAMI**

FL

Zip Code  
**33166**

**DO NOT WRITE  
IN THIS SPACE**

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
KILGORE, LILIANA M.  
6480 MIAMI LAKES DRIVE  
MIAMI LAKES, FL. 33014**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
DE MARTINEZ, EMANUEL  
8380 N.W. 68th STREET  
MIAMI, FL. 33166**

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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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 employed.

SIGNATURE:

**DE MARTINEZ, EMANUEL**

**04/29/2003**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)