

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000070515

1. Entity Name
I.T.C. OF AMERICA CORP.

Principal Place of Business
442 MENDOZA AVENUE
CORRAL GABLES FL 33134

Mailing Address
442 MENDOZA AVENUE
CORRAL GABLES FL 33134

2. Principal Place of Business

3. Mailing Address
3400 CORAL WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#600

City & State

City & State
MIAMI, FLORIDA

Zip

Country

Zip

Country

33145-3053

4. FEI Number 65-1122401

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

SPIEGEL & UTRERA, P.A.
1840 SOUTHWEST 22 ST
4TH FLOOR
MIAMI FL 33145

Name

AMPARO R. DIAZ

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

3400 CORAL WAY, #600

City

MIAMI

FL

Zip Code

33145-3053

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Amparo R. Diaz
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

04-15-03
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
VALLARINO, MONICA A
442 MENDOZA AVENUE
CORRAL GABLES FL 33134 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Amparo R. Diaz

AMPARO R. DIAZ=REGISTERED AGENT

04-15-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/5/2

FILED
May 29, 2003 8:00 am
Secretary of State

05-05-2003 90291 020 ***150.00



☐ CHECK HERE IF MAKING CHANGES

CR2E034 (10/02)