

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000090028

1. Entity Name  
3ICOMP, INC.

Principal Place of Business  
3909 NE 163RD ST.  
SUITE 304  
NORTH MIAMI BEACH FL 33160

Mailing Address  
3909 NE 163RD ST.  
SUITE 304  
NORTH MIAMI BEACH FL 33160

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1140227

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

GRIMSLEY, CHARLES J ESQ.  
3909 N.E. 163RD ST., STE. 304  
NO. MIAMI BEACH FL 33160

Name

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

City

FL

Zip Code

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  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP  
NAME PARRILLO, RICHARD P JR  
STREET ADDRESS 3909 NE 163RD ST.  
CITY-ST-ZIP NORTH MIAMI BEACH FL 33160 ☐ Delete

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

TITLE DV  
NAME MACHUL, JOHN  
STREET ADDRESS 3909 NE 163RD ST.  
CITY-ST-ZIP NORTH MIAMI BEACH FL 33160 ☐ Delete

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

TITLE DV  
NAME LEON, DENNIS  
STREET ADDRESS 3909 NE 163RD ST.  
CITY-ST-ZIP NORTH MIAMI BEACH FL 33160 ☐ Delete

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

TITLE DS  
NAME GRIMSLEY, CHARLES J  
STREET ADDRESS 3909 NE 163RD ST.  
CITY-ST-ZIP NORTH MIAMI BEACH FL 33160 ☐ Delete

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

TITLE DT  
NAME FERRER, JUAN  
STREET ADDRESS 3909 NE 163RD ST.  
CITY-ST-ZIP NORTH MIAMI BEACH FL 33160 ☐ Delete

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

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHARLES J. GRIMSLEY

Date

1/31/02

Daytime Phone #

(305) 933-5835



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)