

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2003 8:00 am**  
**Secretary of State**

0197665 AV

**DOCUMENT # P02000046241**

1. Entity Name  
**INFORMATION TECHNOLOGY AND COMMUNICATIONS, INC.**



04-17-2003 90141 034 \*\*\*158.75

Principal Place of Business  
**3529 W ATLANTIC BLVD.  
SUITE 1012  
POMPANO BEACH FL 33069**

Mailing Address  
**3529 W ATLANTIC BLVD.  
SUITE 1012  
POMPANO BEACH FL 33069**



2. Principal Place of Business  
**3565 W ATLANTIC BLVD**

3. Mailing Address  
**3565 W ATLANTIC BLVD**

Suite, Apt. #, etc.  
**SUITE 307**

Suite, Apt. #, etc.  
**SUITE 307**

City & State  
**POMPANO BEACH FL**

City & State  
**POMPANO BEACH FL**

Zip  
**33069**

Country  
**USA**

Zip  
**33069**

Country  
**USA**

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number  
**01-0687597**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**GUERRA, LEONARDO J ESQ.  
2140 W 68TH STREET  
SUITE 200  
HIALEAH FL 33016-1815**

7. Name and Address of New Registered Agent

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

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 **PD** ☐ Delete  
NAME **CASAS, ENRIQUE**  
STREET ADDRESS **3529 W ATLANTIC BLVD. #1012**  
CITY-ST-ZIP **POMPANO BEACH FL 33069**

TITLE **PD** ☒ Change ☐ Addition  
NAME **CASAS, ENRIQUE**  
STREET ADDRESS **3565 W ATLANTIC BLVD #307**  
CITY-ST-ZIP **POMPANO BEACH FL 33069**

TITLE **D** ☐ Delete  
NAME **OCHOA, ADRIANA E**  
STREET ADDRESS **3529 W ATLANTIC BLVD. #1012**  
CITY-ST-ZIP **POMPANO BEACH FL 33069**

TITLE **D** ☒ Change ☐ Addition  
NAME **ADRIANA E OCHOA**  
STREET ADDRESS **3565 W ATLANTIC BLVD #307**  
CITY-ST-ZIP **POMPANO BEACH FL 33069**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

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: SIGNATURE REQUIRED**

**04/15/2003 (954)802-6909**

CR2E034 (10/02)