

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

05-05-2003 91833 047 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000061815

1. Entity Name  
INTERNIC BUSINESS CORP



Principal Place of Business  
11221 NW 7 ST #9  
MIAMI, FL 33172

Mailing Address  
11221 NW 7 ST #9  
MIAMI, FL 33172

90130203



2. Principal Place of Business

4910 SW 137th Place  
Suite, Apt. #, etc.

3. Mailing Address

4910 SW 137th Place  
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

33-1007561

Applied For

Not Applicable

Zip

Country

33175 USA

Zip

Country

33175 USA

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

RODRIGUEZ, CARMEN  
11221 NW 7 ST #9  
MIAMI, FL 33172

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 resigning)

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PSTD  
RODRIGUEZ, CARMEN  
11221 NW 7 ST #9  
MIAMI, FL 33172

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
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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:

Carmen Rodriguez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-03

Date

(305) 222-4764

Daytime Phone #

CR2E034 (10/02)