## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBF

## P02000116844 **DOCUMENT #**

1. Entity Name IEC OF MIAMI CORP.



Mar 07, 2003 8:00 am Secretary of State 03-07-2003 90082 039 \*\*\*150.00

**FILED** 

Principal Place of Business 4931 SW 75TH AVENUE MIAMI FL 33155

Mailing Address 4931 SW 75TH AVENUE MIAMI FL 33155

| 2 Principal                             | Place of Business   | Lo Mallanda                      |                                  |   |                               |                              |  |
|---|---|----------------------------------|----------------------------------|---|-------------------------------|------------------------------|--|
| 493                                     | SW 75 AR  | 3. Mailing Address 493/56        | 7.5 ALLO                         |   | 1) 14 <b>810 81101 1811</b> 1 | #1#11 #1#1  B#1              |  |
| Suite, Apt. #, etc. Suite, Apt. #, etc. |   |                                  | 70 (                             | ☐ CHECK HERE IF MAKING CHANGES                          |                               |                              |  |
| City & Sta                              | 41,82   | City & State                     | <i>.</i>                         | 4. FEI Number 32-0039784                                | — ———                         | pplied For<br>lot Applicable |  |
| Zip J                                   | SLSS Country SA   | Zip 33/55_                       | Country                          | 5. Certificate of Status Desired                        | \$8.75 Ad<br>Fee Require      |                              |  |
|   | 6. Name and Address of Current  | Registered Agent                 | No.                              | 7. Name and Address of New Registered Agent             |                               |                              |  |
| ESTRADA                                 | , reynaldo  |                                  | Name                             | Name .  |                               |                              |  |
|   | 120TH AVENUE  |                                  | Street Addres                    | Street Address (P.O. Box Number is Not Acceptable)      |                               |                              |  |
| MIAMI FL 33186                          |   |                                  |                                  |   |                               |                              |  |
|   |   |                                  | City                             | F   | Zip Cod                       | ie                           |  |
| 8. The above                            | named entity submits this statement for   | or the purpose of changing its r | egistered office or regist       | tered agent, or both, in the State of Florida. I am     |                               | and accept                   |  |
| SIGNATURE                               | tions of registered agent.  |                                  | -                                | •   | ,                             |                              |  |
| SIGNATURE :                             | Signature, typed or printed name of registered agent  | and title if applicable. (NOTE:  | Registered Agent signature requi | ired when reinstating) DATE                             |                               |                              |  |
| Afte                                    | ILE NOW!!! FEE IS \$150.00<br>r May 1, 2003 Fee will be \$550.00<br>c Payable to Florida Department o | f State                          |                                  | 9. Election Campaign Financing Trust Fund Contribution. |                               | 00 May Be                    |  |
| 10.                                     | OFFICERS AND  | DIRECTORS                        | 11.                              | ADDITIONS/CHANGES TO OFFICERS AN                        | D DIDECTOR                    | C (N) 44                     |  |
| TITLE .                                 | PSD   | ☐ Delete                         | TITLE                            | , ibblidato, otri itala 10 of Ficeria Air               | ☐ Change                      | Addition                     |  |
| NAME                                    | ESTRADA, REYNALDO   |                                  | NAME                             |   |                               |                              |  |
| STREET ADDRESS (                        | 9440 SW 120TH AVAENUE<br>MIAMI FL 33186   |                                  | STREET ADDRESS                   |   |                               |                              |  |
| TITLE                                   | MINIMI I E 33 100   | ra                               | CITY-ST-ZIP                      |   |                               |                              |  |
| NAME                                    | *   | ☐ Delete                         | TITLE<br>NAME                    |   | Change                        | ☐ Addition                   |  |
| STREET ADDRESS                          |   |                                  | STREET ADDRESS                   |   |                               |                              |  |
| CITY-ST-ZIP                             |   |                                  | CITY-ST-ZIP                      |   |                               |                              |  |
| TITLE                                   |   | ☐ Delete                         | TITLE                            |   | ☐ Change                      | ☐ Addition                   |  |
| NAME                                    |   |                                  | NAME                             |   |                               |                              |  |
| STREET ADDRESS<br>CITY-ST-ZIP           |   |                                  | STREET ADDRESS                   |   |                               |                              |  |
|   |   |                                  | CITY-ST-ZIP                      |   |                               |                              |  |
| TITLE<br>NAME                           |   | ☐ Delete                         | TITLE                            |   | Change                        | Addition                     |  |
| STREET ADDRESS                          |   |                                  | NAME<br>STREET ADDRESS           |   |                               | j                            |  |
| CITY-ST-ZIP                             |   |                                  | CITY-ST-ZIP                      |   |                               |                              |  |
| TITLE                                   | <u>, , , , , , , , , , , , , , , , , , , </u>   | ☐ Delete                         | TITLE                            |   | ☐ Change                      | Addition                     |  |
| NAME                                    |   |                                  | NAME                             |   |                               |                              |  |
| STREET ADDRESS                          |   |                                  | STREET ADDRESS                   |   |                               |                              |  |
| CITY-ST-ZIP                             |   |                                  | CITY-ST-ZIP                      |   |                               |                              |  |
| TITLE                                   |   | ☐ Delete                         | TITLE                            |   | ☐ 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.

NAME

STREET ADDRESS

SIGNATURE

STREET ADDRESS

CITY-ST-ZIP