

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

02-27-2003 90131 013 ***150.00

DOCUMENT # P02000118758

1. Entity Name

IC SERVI USA, INC.



Principal Place of Business
8917 LEGACY COURT
#206
KISSIMMEE FL 34747

Mailing Address
8917 LEGACY COURT
#206
KISSIMMEE FL 34747

55021171



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

33-1030872

☒ Applied For

☐ Not Applicable

Zip

Country

Zip

Country

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

IBARRA, CARLOS
8917 LEGACY COURT
#206
KISSIMMEE FL 34747

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 IBARRA, CARLOS V.P.
Signature, typed or printed name of registered agent and title if applicable.

02/05/03
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
PD
PACHECO, GUSTAVO
8917 LEGACY COURT #206
KISSIMMEE FL 34747 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Secretary
Luis Ibarra
8917 Legacy Ct. Apt: 206
KISSIMMEE, FL. 34747 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
IBARRA, CARLOS
8917 LEGACY COURT #206
KISSIMMEE FL 34747 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Manager General
Francisco Russo
8917 Legacy Ct. Apt: 206
KISSIMMEE, FL. 34747 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Co-Manager
Maria Montilla de Ibarra
8917 Legacy Ct. Apt: 206
KISSIMMEE, FL. 34747 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Accountant
Amalia Bricano
8917 Legacy Ct. Apt: 206
KISSIMMEE, FL. 34747 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ 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

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

SIGNATURE REQUIRED PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/05/03
Date

(407) 301 14 94
8:00AM Wend
Daytime Phone #

CR2E034 (10/02)