

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

FILED
Jun 03, 2002 8:00 am
Secretary of State

06-03-2002 91200 008 ***150.00

DOCUMENT # **PA5000014909** ✓

1. Entity Name

FIRST INTERNATIONAL COMMUNICATION SERVICES

DO NOT WRITE IN THIS SPACE

80124192

2. Principal Place of Business

10337 NW 9th St. Grc

3. Mailing Address

10337 NW 9th Street Grc.

Suite, Apt. #, etc.

#5

Suite, Apt. #, etc.

#5

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

65-0558766

Applied For

Not Applicable

DO NOT WRITE IN THIS SPACE

Zip

33172

Country

DADE

Zip

33172

Country

DADE

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

ANTONIO RE

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

10337-5 NW 9th Street Grc

City

MIAMI

FL

Zip Code **33172**

**DO NOT WRITE
IN THIS SPACE**

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) ☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**PRESIDENT
ANTONIO RE
10337-5 NW 9th St. Grc.
MIAMI FL 33172**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANTONIO RE

Date

5/20/02 3052208265

Daytime Phone #

CR2E034B (12/01)