

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000025583

1. Entity Name

INTERNET COMMUNICATIONS OF AMERICA, INC.

FILED
Jun 08, 2000 8:00 am
Secretary of State

06-08-2000 90026 024 ***150.00

Principal Place of Business

Mailing Address

1020 NW 163RD DR.
MIAMI FL 33169

1020 NW 163RD DR.
NORTH MIAMI FL 33328-5313

2. Principal Place of Business

3. Mailing Address

5400 S. University Dr.

5400 S. University Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

504

504

City & State

City & State

DAVIE FL

DAVIE FL

Zip

Zip

Country

Country

33328

USA

33328

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALAN CAHAN, RICHARD J ESQ.
C/O BECKER & POLIAKOFF, P.A.
5201 BLUE LAGOON DRIVE, SUITE 100
MIAMI FL 33126

Name

Joan Neptune

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

3120 Hidden Hollow Lane

City

DAVIE

FL

Zip Code

33328

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

Joan Neptune, Executive Vice President

5/10/00

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
D	HURWITZ, ELMER	1020 NW 163RD DR.	NORTH MIAMI FL 33169
D	HURWITZ, ROBERT	1020 NW 163RD DR.	NORTH MIAMI FL 33169
D	NEPTUNE, JOAN	1020 NW 163RD DR.	NORTH MIAMI FL
D	NEPTUNE, MARK	1020 NW 163RD DR.	NORTH MIAMI FL

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Joan Neptune

5/10/00 954 434-8333

Date

Daytime Phone #

CR2E034 (9/99)