

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90040 050 ***150.00

DOCUMENT # P95000025583

1. Entity Name
INTERNET COMMUNICATIONS OF AMERICA, INC.

Principal Place of Business
5400 S UNIVERSITY DRIVE. #504
DAVIE FL 33328

Mailing Address
5400 S UNIVERSITY DRIVE. #504
DAVIE FL 33328



2. Principal Place of Business
20938 NE 37th Ave
 Suite, Apt. #, etc.

3. Mailing Address
20938 NE 37th Ave
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Aventura FL
Zip **33180**
Country **USA**

City & State
Aventura FL
Zip **33180**
Country **USA**

4. FEI Number **65-0570711**
 Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

NEPTUNE, JOAN
3120 HIDDEN HOLLOW LANE
DAVIE FL 33328

7. Name and Address of New Registered Agent

Name **ROBERT HURWITZ**
Street Address (P.O. Box Number is Not Acceptable)
20938 NE 37th Ave
City **Aventura** **FL** **Zip Code** **33180**

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 **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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing **\$5.00 May Be Added to Fees**
 Trust Fund Contribution... ☐

11. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HURWITZ, ELMER	
STREET ADDRESS	5400 SOUTH UNIVERSITY DRIVE #504	
CITY-ST-ZIP	DAVIE FL 33328	
TITLE	D	<input type="checkbox"/> Delete
NAME	HURWITZ, ROBERT	
STREET ADDRESS	5400 SOUTH UNIVERSITY DRIVE #504	
CITY-ST-ZIP	DAVIE FL 33328	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	NEPTUNE, JOAN	
STREET ADDRESS	5400 SOUTH UNIVERSITY DRIVE #504	
CITY-ST-ZIP	DAVIE FL 33328	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	NEPTUNE, MARK	
STREET ADDRESS	5400 SOUTH UNIVERSITY DRIVE #504	
CITY-ST-ZIP	DAVIE FL 33328	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2269 S. University Dr. #318	
STREET ADDRESS	DAVIE, FL 33328	
CITY-ST-ZIP	20938 NE 37th Ave	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Aventura FL 33180	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

4/21/02 **305-933-9300**
 Date Daytime Phone #

CR2E034 (9/01)