

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P96000017601

FILED  
Feb 02, 2002 8:00 AM  
Secretary of State

**Entity Name:** INTERNATIONAL TELEPHONE COMMUNICATION, CORP.

## Current Principal Place of Business:

6265 HARMONY RD  
NORTH PORT, FL 34287

## New Principal Place of Business:

3101 SW 25TH STREET  
UNIT 103  
PEMBROKE PARK, FL 33009

## Current Mailing Address:

6265 HARMONY RD  
NORTH PORT, FL 34287

## New Mailing Address:

3101 SW 25TH STREET  
UNIT 103  
PEMBROKE PARK, FL 33009

FEI Number: 65-0653568

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

ALMANZAR, RAMON  
6265 HARMONY RD.  
NORTH PORT, FL 34287 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: ALMANZAR, RAMON  
Address: 6265 HARMONY RD.  
City-St-Zip: NORTH PORT, FL 34287

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: FOYE, CRAIG  
Address: 3205 NE 184 STREET, APT. 9105  
City-St-Zip: AVENTURA, FL 33160

Title: D ( ) Change (X) Addition  
Name: ALMANZAR, RAMON  
Address: 6265 HARMONY RD  
City-St-Zip: NORTH PORT, FL 34287

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CRAIG FOYE

P

02/02/2002

Electronic Signature of Signing Officer or Director

Date