

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 11, 2002 8:00 am**  
**Secretary of State**

03-11-2002 90004 035 \*\*\*150.00

**DOCUMENT # P96000062362**

1. Entity Name  
**INTERNATIONAL COMMERCIAL CONNECTION, INC.**

Principal Place of Business <del>3504 SW 173RD TERR</del> <del>MIRAMAR FL 33029</del> US	Mailing Address <b>3504 SW 173RD TERR</b> <b>MIRAMAR FL 33029</b> US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>6705 NW 84 AVE.</b> Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State <b>MIAMI, FLORIDA</b>	City & State
Zip <b>33166</b>	Country

4. FEI Number <b>65-0707907</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**ESTANISLAU, JOHN**  
**3504 SW 173RD TERR**  
**MIRAMAR FL 33029**

**7. Name and Address of New Registered Agent**

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <b>FL</b> 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.

SIGNATURE \_\_\_\_\_ (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)

**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 Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<b>PSM</b>	<input type="checkbox"/> Delete
NAME	<b>ESTANISLAU, JOHN</b>	
STREET ADDRESS	<b>3504 SW 173RD TERR</b>	
CITY-ST-ZIP	<b>MIRAMAR FL 33029-1616</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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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 other like empowered.

SIGNATURE: John Estanislau Date: 2-25-02 Daytime Phone #: 305-471-9700

CR2E034 (9/01)