

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90206 029 ***150.00

DOCUMENT # **P96000065145**

1. Entity Name
**INTERNATIONAL CONSULTING & FINANCIAL SERVICES, I
NC.**



Principal Place of Business

**1001 S BAYSHORE DR
2104
MIAMI FL 33131
US**

Mailing Address

**1001 S BAYSHORE DR
2104
MIAMI FL 33131
US**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

1001 Brickell Bay Dr.

Suite, Apt. #, etc.

Suite 2104

City & State

Miami FL

Zip

33131

Country

US



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-0683332

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name

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

City

FL

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**COF
SOTILLO, ANDRES O
1001 S BAYSHORE DR #2104
MIAMI FL 33131**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**P
MARTIN-GUEDEZ, RAFAEL
1001 S BAYSHORE DR #2104
MIAMI FL 33131**

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TITLE
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STREET ADDRESS
CITY-ST-ZIP

**OMGR
DE GREGORIO, ROXANNA
1001 S BAYSHORE DR #2104
MIAMI FL 33131**

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/12/03

Date

(305) 577-8779

Daytime Phone #