

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2000 8:00 am
Secretary of State

05-22-2000 90037 012 ***150.00

DOCUMENT # P 97000009863

1. Entity Name

INTERCONTINENTAL MICROSYSTEMS, INC

Principal Place of Business

Mailing Address

8809 S.W. 107 AVE
 MIAMI, FL 33176

8809 S.W. 107 AVE
 MIAMI, FL 33176

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0721895

Applied For

Not Applicable

5. Certificate of Status Desired ☐ ☒

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

AMERILAWYER CHARTERED
 343 ALMERIA AVE
 CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent

Name Jorge H. Arango
 Street Address (P.O. Box Number is Not Acceptable) 15611 SW 51 Terrace
 City Miami FL Zip Code 33185

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

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

(NOTE: Registered Agent signature required when reconstituting)

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	PTD JORGE H. ARANGO	☐ Delete
STREET ADDRESS CITY-ST-ZIP	15611 S.W. 51 TERRACE MIAMI, FL 33185	
TITLE NAME	VSP SYLVIA ARANGO	☐ Delete
STREET ADDRESS CITY-ST-ZIP	15611 SW 51 TERRACE MIAMI, FL 33185	
TITLE NAME		☐ Delete
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		☐ Delete
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		☐ Delete
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		☐ Delete
STREET ADDRESS CITY-ST-ZIP		

TITLE NAME	☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	☐ Change ☐ Addition
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

Jorge Arango 04-25-00 305-2711725
 Resident Date Daytime Phone #

CR2E034 (9/93)