

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 08, 2003 8:00 am
Secretary of State

05-08-2003 90171 003 ***150.00

DOCUMENT # **P97000009863**

1. Entity Name

INTERCONTINENTAL MICROSYSTEMS, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8809 SW 107 AVE

Suite, Apt. #, etc.

3. Mailing Address

8809 SW 107 AVE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MIAMI, FL

City & State

MIAMI, FL 331

4. FEI Number

65-072 1895

Applied For

☐ No; Applicable

Zip

33176

Country

USA

Zip

33176

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name **-AMERICAN LAWYER CHARTERED**

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

343 ALMERIA AVE

City

CORAL GABLES

FL

Zip Code

33134

**DO NOT WRITE
IN THIS SPACE**

8. I, the above named entity, submit 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 signatures required when renewing)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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	PTD ARANZO, JORGE H. 12430 SW 96 CT MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD ARANZO, SYLVIA 12430 SW 96 CT MIAMI, FL 33176
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowerments.

SIGNATURE:

Jorge Arango, JORGE ARANZO, President 4-28-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)