

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000058199

1. Entity Name  
ICM GLOBAL NET, INC.

**FILED**  
**May 11, 2001 8:00 am**  
**Secretary of State**  
05-11-2001 90061 034 \*\*\*150.00

Principal Place of Business  
120 UNIVERSITY PARK DR #150  
WINTER PARK FL 32792

Mailing Address  
120 UNIVERSITY PARK DR #150  
WINTER PARK FL 32792



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
4037 METRIC DR  
SUITE 120  
WINTER PARK, FL  
32792 USA

3. Mailing Address  
4037 METRIC DRIVE  
SUITE 120  
WINTER PARK, FL  
32792 USA

4. FEI Number 59-3455438  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
VECCIA, DENNIS P  
120 UNIVERSITY PARK DR #150  
WINTER PARK FL 32792

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.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and file if applicable. (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, 2001 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	P	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CHARANI, AMMAR		NAME		
STREET ADDRESS	120 UNIVERSITY PARK DRIVE, STE. 150		STREET ADDRESS	4037 metric Dr, STE 120	
CITY-ST-ZIP	WINTER PARK FL 32792		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VECCIA, DENNIS		NAME		
STREET ADDRESS	120 UNIVERSITY PARK DRIVE, STE. 150		STREET ADDRESS	4037 metric Dr., STE 120	
CITY-ST-ZIP	WINTER PARK FL 32792		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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

4/26/01 907-384-4220  
Date

CR2E034 (10/00)