

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 29, 2000 8:00 am**  
**Secretary of State**

06-29-2000 90653 006 \*\*\*150.00

**DOCUMENT # P98000013167**

1. Entity Name  
**ILIC CORPORATION**

*R*

Principal Place of Business      Mailing Address

**C/O JAN CARSON CHEEZEM**      **C/O JAN CARSON CHEEZEM**  
**200 SOUTH BISCAYNE BLVD 20TH FLOOR**      **200 SOUTH BISCAYNE BLVD 20TH FLOOR**  
**MIAMI FL 33131-2310**      **MIAMI FL 33131-2310**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address

**398 ISLA DORADA BLVD**      **398 ISLA DORADA BLVD.**

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

**CORAL GABLES, FL.**      **CORAL GABLES, FL.**

Zip      Country      Zip      Country

**33143**      **U.S.A**      **33143**      **USA**

4. FEI Number      Applied For

**65-0814579**       Not Applicable

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

6. Name and Address of Current Registered Agent

**ROSSZ FIU CORPORATION**  
**200 SOUTH BISCAYNE BLVD 20TH FLOOR**  
**MIAMI FL 33131-2310**

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 \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

-9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

**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 |   |
|----------------------------|---|
| TITLE                      | <b>D</b> <input type="checkbox"/> Delete            |
| NAME                       | <b>CHAPUIS, HENRI</b>                               |
| STREET ADDRESS             | <b>200 SOUTH BISCAYNE BLVD 20TH FLOOR</b>           |
| CITY-ST-ZIP                | <b>MIAMI FL 33131-2310</b>                          |
| TITLE                      | <b>D</b> <input checked="" type="checkbox"/> Delete |
| NAME                       | <b>CHAPUIS, HENRI</b>                               |
| STREET ADDRESS             | <b>200 SOUTH BISCAYNE BLVD 20TH FLOOR</b>           |
| CITY-ST-ZIP                | <b>MIAMI FL 33131-2310</b>                          |
| TITLE                      | <input type="checkbox"/> Delete                     |
| NAME                       |   |
| STREET ADDRESS             |   |
| CITY-ST-ZIP                |   |
| TITLE                      | <input type="checkbox"/> Delete                     |
| NAME                       |   |
| STREET ADDRESS             |   |
| CITY-ST-ZIP                |   |
| TITLE                      | <input type="checkbox"/> Delete                     |
| NAME                       |   |
| STREET ADDRESS             |   |
| CITY-ST-ZIP                |   |
| TITLE                      | <input type="checkbox"/> Delete                     |
| NAME                       |   |
| STREET ADDRESS             |   |
| CITY-ST-ZIP                |   |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|---|---|
| TITLE   | <b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  | <b>CHAPUIS, HENRI</b>   |
| STREET ADDRESS  | <b>398 ISLA DORADA BLVD.</b>  |
| CITY-ST-ZIP   | <b>CORAL GABLES, FL. 33143</b>  |
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                     |
| NAME  |   |
| STREET ADDRESS  |   |
| CITY-ST-ZIP   |   |
| TITLE   | <b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME  | <b>JACQUELINE MARIN CHAPUIS</b>   |
| STREET ADDRESS  | <b>398 ISLA DORADA BLVD.</b>  |
| CITY-ST-ZIP   | <b>CORAL GABLES, FL 33143</b>   |
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                     |
| NAME  |   |
| STREET ADDRESS  |   |
| CITY-ST-ZIP   |   |
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                     |
| NAME  |   |
| STREET ADDRESS  |   |
| CITY-ST-ZIP   |   |
| 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 all other like empowered.

SIGNATURE: *Jacqueline Marin Chapuis*      **JACQUELINE MARIN CHAPUIS**      Date: **06/21/00**      Daytime Phone #: **305-7409042**

C-3: 034 (1-0-2000)