

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 13, 2001 08:00 AM**
Secretary of State**DOCUMENT # P98000026286**1. Entity Name
INDUSTRIAL CONSULTING OF AMERICA CORPORATION

Principal Place of Business	Mailing Address
2555 COLLINS AVE	2555 COLLINS AVE
SUITE #1001	SUITE #1001
MIAMI BCH	MIAMI BCH
33140	33140
US	US
FL	FL

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

65-0820629

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**AGRAMUNT LUIS**
1221 BRICKELL AVE
SUITE #1100
MIAMI
33131
FL**7. Name and Address of New Registered Agent**

Name	RIVAS SALVADOR M
Street Address (P.O. Box Number is Not Acceptable)	2555 COLLINS AVENUE
SUITE #1001	
City	MIAMI BEACH
FL	Zip Code
	33140

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 **SALVADOR RIVAS****05/13/2001**

Signature, typed or printed name of registered agent and title 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	☐ Delete
NAME	RIVAS SALVADOR M	
STREET ADDRESS	2555 COLLINS AVE #1001	
CITY-ST-ZIP	MIAMI BCH FL 33140	

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

TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	☐ Change ☐ Addition
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TITLE	☐ Change ☐ 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: SALVADOR RIVAS**P****05/13/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)