

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000033950

1. Entity Name
INDUSTRIAL CONSTRUCTION EXPORT CORPORATION

FILED

May 03, 2001 8:00 am
Secretary of State

05-03-2001 90033 043 ***150.00

Principal Place of Business
5333 COLLINS AVENUE, PH 9
MIAMI BEACH FL 33140

Mailing Address
5220 N.W. 72 AVENUE, #A-2
MIAMI FL 33166

130431



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

10050 NW 6 Ct,

3. Mailing Address

10050 NW 6 Ct

Suite, Apt. #, etc.

11

Suite, Apt. #, etc.

11

City & State

Pembroke Pines, FL

City & State

Pembroke Pines FL

4. FEI Number **65-0831597**

Applied For

Not Applicable

Zip

Country

33024

US

Zip

Country

33024

US

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EACHEVERRY, LUZ-
5220 N.W. 72 AVENUE
A2-
MIAMI FL 33166

Name

Juan Carlos Gaviria

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

10050 NW 6 Ct, Suite 11

City

Pembroke Pines

FL

Zip Code

33024

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 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

TITLE **D** ☐ Delete
NAME **GAVIRIA, JUAN CARLOS**
STREET ADDRESS **5220 N.W. 72ND AVENUE, A2**
CITY-ST-ZIP **MIAMI FL 33166**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition
NAME **Gaviria, Juan Carlos**
STREET ADDRESS **10050 NW 6 Ct, Suite 11**
CITY-ST-ZIP **Pembroke Pines FL 33024**

TITLE ☐ Change ☐ Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Juan Carlos Gaviria

Date

1-877-226-2272

Daytime Phone #

CR2E034 (10/00)