

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000081263

1. Entity Name

INTERNATIONAL COMMUNICATIONS SOLUTIONS, INC.

FILED

Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90021 004 ***150.00

Principal Place of Business

Mailing Address

12000 BISCAYNE BOULEVARD
#408
MIAMI FL 33160

12000 BISCAYNE BOULEVARD
#408
MIAMI FL 33181-2725

000947

2. Principal Place of Business

1011 Buchanan st.

Suite, Apt. #, etc.

3. Mailing Address

1011 Buchanan st.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Hollywood FL

Zip
33019

Country
USA

City & State

Hollywood FL

Zip
33019

Country
USA

4. FEI Number

65-0871281

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BENOR, ERAN
12000 BISCAYNE BOULEVARD #408
GOLDEN BEACH FL 33460

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 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, 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 ☐ Delete
NAME D
STREET ADDRESS BEN-OR, EVAN
CITY-ST-ZIP 260 S. PARKWAY
GOLDEN BEACH FL 33160

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 ☒ Change ☐ Add
NAME D
STREET ADDRESS BEN-OR ERAN
CITY-ST-ZIP 1011 Buchanan st.
Hollywood FL 33019

TITLE ☐ Change ☒ Add
NAME O
STREET ADDRESS BEN-OR MAYA E.
CITY-ST-ZIP 1011 Buchanan st.
Hollywood FL 33019

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

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

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

TITLE ☐ Change ☐ Add
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

1/10/2000

(991)927-1939

Date

Daytime Phone #