## **2001 UNIFORM BUSINESS REPORT (UBR)** Apr 11, 2001 8:00 am Secretary of State DOCUMENT # P98000104172 INTERNATIONAL DATACOM CORP. 04-11-2001 90083 042 \*\*\*150.00 Principal Place of Business Mailing Address 175 FOUNTAINBLEAU BLVD. SUITE 2B 175 FOUNTAINBLEAU BLVD. SUITE 2B MIAMI FL 33172 MIAMI FL 33172 00034251 2. Principal Place of Business 3. Mailing Address 72no Ave 2503 NW 72nD 2503 NW Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE # 2503-B City & State 4. FEI Number Applied For 65-0888159 MAM Not Applicable Country Country Zip Zip \$8.75 Additional 5. Certificate of Status Desired US 33122 IJS Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TACABO BERACASA, JACOBO 8328 NW 7TH ST #137 **MIAMI FL 33126** City MIANI pmits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named entity s SIGNATURE Signature, typec or stered agent and title if applicable (NOTE: Red stered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. UD TITLE Delete Acdit on BERACASA, FACOSO 14203 SW 145 PL BERACASA, JACOBO NAME NAME 8328 NW 7TH ST #137 STREET ADDRESS STREET ADDRESS MIAMI FL 33126 CITY-ST-ZIP CITY-ST-7IP FL 33:86 MIAM TITLS ☐ Delete TITLE SANCHEZ, FELIX. SANCHEZ, FELIX NAME NAME 14195 SW 145 PL 8310 NW 7TH ST #49 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL C:TY-ST-ZIP 33120 MIAMI TITLE ☐ Delete THUE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE De!ete TITLE Change Addition NAME, NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Deiete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS OITY-ST-ZIP CITY -ST- ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby certify that the information supplied with this filling 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 this tee 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 address, with all other like empowered. PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR