2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

Mailing Address

2505 B NW 72ND AVE

P98000104172 DOCUMENT

1. Entity Name

Principal Place of Business

2505 B NW 72ND AVE

INTERNATIONAL DATACOM CORP.



FILED Feb 03, 2003 8:00 am Secretary of State

02-03-2003 90075 026 ***150.00

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2. Principal Place of Business Sans No. 6411 Street 33/5 No. 6411 Street 33/5 No. 6411 Street 46 Sulle, Apl. #, etc. Sulle, Ap	MIAMI FL 33122		MIAMI FL 33122				00070414,				
## Country ## 6 State Stat											
Suite, Apt. #, etc. Suite,			Street	3. Mailing Address 8315NW 64th Street							
Part	Suite, Apt. #, etc.			Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES			
Signature Title Device States Payable to Florida Department of State Signature May 1, 2003 Fee will be \$50.00 Make Check Payable to Florida Department of State BERACASA, JACOBO 14203 SW 145 PL MIAMI FL 33186 Signature Title Device Signature department of the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligation of registered agent, or both, in the State of Florida. I am familiar with, and the obligation of registered agent, or both, in the State of Florida. I am familiar with, and the obligation of registered agent, or both, in the State of Florida. I am familiar with, and the obligation of registered agent, or both, in the State of Florida. I am familiar with, and the obligation of registered agent, or both, in the State of Florida. I am familiar with, and the obligation of registered agent, or both, in the State of Florida. I am familiar with, and the obligation of registered agent, or both, in the S	MIAMI, FL					4. F	4. FEI Number 65-0888159			Applied For Not Applicable	
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BERACASA, JACOBO 14203 SW 145 PL MIAMI FL 33186 City City FL Zip Code City FL F		6. Name and	Address of Current F	Registered Agent			7. N	lame and Address of New R	egistered	d Agent	
MIAMI FL 33186 City FL Zip Code 8. The above named onlity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and the obligations of popistered agent. SIGNATURE Supmers spill of Epistered agent and to de ill applicable. FILE NOW!! FEE IS \$150.00 After May 1, 2003 Fee will be \$50.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN THE NAME SIGNATURE SUPMERS SUPPLY STREET ADDRESS CITY-S1-ZIP MIAMI FL 33186 Delete TITLE MAME AMAGE SIREET ADDRESS CITY-S1-ZIP MIAMI FL 33188 Delete TITLE MAME SIREET ADDRESS CITY-S1-ZIP MIAMI FL 33188 Delete TITLE MAME SIREET ADDRESS CITY-S1-ZIP MIAMI FL 33188 Delete TITLE MAME SIREET ADDRESS CITY-S1-ZIP MIAMI FL 33188 Delete TITLE MAME SIREET ADDRESS CITY-S1-ZIP MIAMI FL 33188 Delete TITLE MAME SIREET ADDRESS CITY-S1-ZIP MIAMI FL 33188 Delete TITLE MAME SIREET ADDRESS CITY-S1-ZIP MIAMI FL 33188 Delete TITLE MAME SIREET ADDRESS CITY-S1-ZIP MIAMI FL 33188 Delete TITLE MAME SIREET ADDRESS CITY-S1-ZIP MIAMI FL 33188 Delete TITLE MAME SIREET ADDRESS CITY-S1-ZIP MIAMI FL 33188 Delete TITLE MAME SIREET ADDRESS CITY-S1-ZIP MILE MAME SIREET ADDRESS CITY-S1-ZIP TITLE MAME MAME SIREET ADDRESS CITY-S1-ZIP TITLE MAME MAME SIREET ADDRESS CITY-S1-ZIP TITLE MAME MAME SIREET ADDRESS CITY-S1-ZIP TITLE CARDING SIRET ADDRESS CITY	BERACASA, JACOBO					~ (BO B	NI was a same				
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent. SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN MAME STREET ADDRESS OUTV-ST-ZIP MIAMI FI. 33186 CITY-ST-ZIP MIAMI FI. 33186 C	14203 SW 145 PL			Street Address (P			S (P.O. B)	ox Number is Not Acceptable	,		
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After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10.	SIGNATURE	Signature, typed or printe	フードビレス d name of registered agent a				ired when rei	nstating)	ハ/30 DATE	1/03	
Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP ITILE NAME ST	F	ILE NOW!!! FE	E IS \$150.00			<u> </u>		······································			
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CITY-ST-ZIP 12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

TITLE

NAME

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

HIP SHE FEE QUARENTE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Change

Addition