CR2E034 (9/01)

FILED

2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an

SIGNATURE

Feb 11, 2002 8:00 am P99000002980 DOCUMENT # **Secretary of State** 1. Entity Name INTER-COMM EXPRESS, INC. 02-11-2002 90001 016 ***158.75 Principal Place of Business Mailing Address 8201 N.W. 66 ST., STE, 4 9101 N.W. 113 ST. MIAMI FL 33166 HIALEAH GARDENS FL 33018 3. Mailing Address Place of Business 37 ST DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number 65-0886349 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GREGORIO, JAIME -0101 N.W. 113 ST. -HALEAH GARDENS FL-63018 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition PVST D TITLE TITLE ☐ Delete GREGORIO, JAIME NAME NAME STREET ADDRESS -9101-N.W. 113-3T: STREET ADDRESS HIALEAH GARDENS FL 33018 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete ☐ Change TITLE TITLE GREGORIO, JAIME NAME NAME 9101 N.W. 113 ST. STREET ADDRESS STREET ADDRESS HIALEAH GARDENS FL 33018 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CFTY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby 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 in