

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 17, 2003 8:00 am**  
**Secretary of State**

03-17-2003 91049 035 \*\*\*150.00

**DOCUMENT # P99000004406**

**1. Entity Name**  
**INTERNATIONAL COMMERCE PARK CORP. I**



**Principal Place of Business**  
**306 ALCAZAR AVE., #303**  
**CORAL GABLES FL 33134**

**Mailing Address**  
**306 ALCAZAR AVE., #303**  
**CORAL GABLES FL 33134**

**60014616**



**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**4. FEI Number** **65-0891868**

Applied For

Not Applicable

Zip

Country

Zip

Country

**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**

**GARCIA, WILLIAM ESQ.**  
**201 ALHAMBRA CIR. SUITE 500**  
**CORAL GABLES FL 33134**

**Name** **MAURICIO J. SIMAN**

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

**306 ALCAZAR AVE, SUITE 303**

**City**

**CORAL GABLES**

**FL**

**Zip Code**

**33134**

**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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE**

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

**DATE**

**3/10/03**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003, Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**

**Trust Fund Contribution.** ☐

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **D/P** ☐ **Delete**  
**NAME** **SIMAN, MAURICIO J**  
**STREET ADDRESS** **306 ALCAZAR AVE., #303**  
**CITY-ST-ZIP** **CORAL GABLES FL 33134**

**TITLE** ☐ **Change** ☐ **Addition**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** **VP** ☒ **Delete**  
**NAME** **SIMAN, DIEGO L**  
**STREET ADDRESS** **306 ALCAZAR AVE., # 303**  
**CITY-ST-ZIP** **CORAL GABLES FL 33134**

**TITLE** ☐ **Change** ☐ **Addition**  
**NAME** **W**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ **Delete**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** **D. TREASURER** ☐ **Change** ☒ **Addition**  
**NAME** **SARA L. SIMAN**  
**STREET ADDRESS** **306 ALCAZAR AVE # 303, CORAL GABLES**  
**CITY-ST-ZIP** **FL. 33134**

**TITLE** ☐ **Delete**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** **D. J. P.** ☐ **Change** ☒ **Addition**  
**NAME** **CARMEN S. FERNANDEZ**  
**STREET ADDRESS** **306 ALCAZAR AVE # 303, CORAL GABLES**  
**CITY-ST-ZIP** **FL. 33134**

**TITLE** ☐ **Delete**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** **SECRETARY** ☐ **Change** ☒ **Addition**  
**NAME** **MAURICIO VICER SIMAN**  
**STREET ADDRESS** **306 ALCAZAR AVE # 303, CORAL GABLES**  
**CITY-ST-ZIP** **FL. 33134**

**TITLE** ☐ **Delete**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ **Change** ☐ **Addition**  
**NAME**  
**STREET ADDRESS**  
**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.**

**SIGNATURE:**

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**3/10/03** **(305) 443 4458 x19**

CR2E034 (10/02)