

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000051067

1. Entity Name

INTER-COMMUNICATION MEDIA, INC.



**FILED**  
**Sep 08, 2000 8:00 am**  
**Secretary of State**

09-08-2000 90039 004 \*\*\*550.00

Principal Place of Business

230 PALERMO AVENUE  
 CORAL GABLES FL 33134

Mailing Address

230 PALERMO AVENUE  
 CORAL GABLES FL 33134

B0105312



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

250 Catalonia Avenue

3. Mailing Address

250 Catalonia Avenue

Suite, Apt. #, etc.

Suite 706

Suite, Apt. #, etc.

Suite 706

City & State

Coral Gables, FL

City & State

Coral Gables, FL

4. FEI Number

65-0925554

Applied For

Not Applicable

Zip

33134

Country

Dade

Zip

33134

Country

Dade

5. Certificate of Status Desired

☐

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

LYTTON, EDWIN A  
 13920 S.W. 73RD AVE.  
 MIAMI FL 33158

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 LYTTON, EDWIN A  
 CITY-ST-ZIP 13920 S.W. 73RD AVE.  
 MIAMI FL 33158

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 ☐ Addition  
 NAME President  
 STREET ADDRESS Lytton, Edwin A  
 CITY-ST-ZIP 13920 S.W. 73 AVE  
 MIAMI FL 33158

TITLE ☐ Change ☒ Addition  
 NAME Director Vice-President  
 STREET ADDRESS Carlos Rafael Barillas  
 CITY-ST-ZIP 250 Catalonia Avenue, Suite 706  
 Coral Gables, FL 33134

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

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

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

TITLE ☐ Change ☐ Addition  
 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:

*Edwin A Lytton* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/06/00

Date

(305) 444-1048

Daytime Phone #