

# 2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

01 MAY -3 AM 10:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # M00000001321

1. Entity Name  
ICOM ENTERPRISES, LLC

Principal Place of Business  
1221 BRICKELL AVENUE, SUITE 1740  
MIAMI FL 33131

Mailing Address  
1221 BRICKELL AVENUE SUITE 1740  
MIAMI FL 33131



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-1021169

Applied For  
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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

**FILE NOW!!! FEE IS \$50.00**  
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE MGR  Delete  
NAME GONZALO GIL WHITE  
STREET ADDRESS 1221 BRICKELL AVENUE, SUITE 1740  
CITY-ST-ZIP MIAMI FL 33131

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE MGR  Delete  
NAME JOSE ANTONIO ALONSO  
STREET ADDRESS TLACOPAC #10  
CITY-ST-ZIP MEXICO, D.F. 01040 MEXICO

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE MGR  Delete  
NAME WILLIAMSON, CARLOS  
STREET ADDRESS BOSQUE DE CIRUELOS 160-9  
CITY-ST-ZIP MEXICO, D.F. 11700 MEXICO

TITLE  Change  Addition  
NAME 300004325929  
STREET ADDRESS -05/29/01--01131--023  
CITY-ST-ZIP \*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE MGR  Delete  
NAME GUILLERMO CANEDO WHITE  
STREET ADDRESS BOSQUE DE CIRUELOS 160-9  
CITY-ST-ZIP MEXICO, D.F. 11700 MEXICO

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

*[Signature]* **COPIES REQUIRED**

4/27/2001

(305) 533-1544

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)

5806000