

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 589658

1. Entity Name

ICS, INC.

Principal Place of Business

4180 NW 132 ST
OPA LOCKA FL 33054

Mailing Address

4180 NW 132 ST
OPA LOCKA FL 33054

2. Principal Place of Business

2850 C STIRLING ROAD

Suite, Apt. #, etc.

3. Mailing Address

2850 C STIRLING ROAD

Suite, Apt. #, etc.

City & State

HOLLYWOOD, FL

City & State

HOLLYWOOD, FL

Zip

33020

Country

FLORIDA

Zip

33020

Country

FLORIDA

4. FEI Number

59-2002274

Applied For

Not Applicable

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

ZOROVICH, FRED A.
4090 NE JOE'S POINT RD.
STUART FL 34996

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 \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

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**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME ZOROVICH, FRED A.
STREET ADDRESS 4090 NE JOE'S POINT RD.
CITY-ST-ZIP STUART FL 34996

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VP
NAME ESPOSITO, BERNIE
STREET ADDRESS 13461 SW 98TH PLACE
CITY-ST-ZIP MIAMI FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE S
NAME ZOROVICH, KAREN
STREET ADDRESS 7841 S.W. 134 ST.
CITY-ST-ZIP MIAMI FL 33156

☒ Delete

TITLE ZOROVICH, KAREN
NAME
STREET ADDRESS 4090 NE JOE'S PT.
CITY-ST-ZIP STUART, FL 34996

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-13-01 954-923-1466

CR2E034 (10/00)

FILED
Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90134 047 ***150.00

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DO NOT WRITE IN THIS SPACE