

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99 000079078

1. Entity Name  
Institute For Commercial Business Corp.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 JUN 18 AM 8:23

Principal Place of Business: 3508 SW 1<sup>st</sup> Place, Cape Coral, FL 33914  
Mailing Address: 1411 Cape Coral Pkwy. E., Cape Coral, FL 33904

2. Principal Place of Business: 3508 SW 1<sup>st</sup> Place  
3. Mailing Address: 1411 Cape Coral Pkwy. E.

City & State: Cape Coral, FL  
City & State: Cape Coral, FL

Zip: 33914 Country: USA  
Zip: 33904 Country: USA

**REINSTATEMENT** 00-01  
DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
Spiegel & Utrera, PA  
343 Almeria Ave  
Coral Gables, FL 33134

4. FEI Number  Applied For  
Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required  
7. Name and Address of New Registered Agent  
Name: Top Florida Properties, LLC  
Street Address (P.O. Box Number is Not Acceptable): 1411 Cape Coral Pkwy E.  
City: Cape Coral, FL Zip Code: 33904

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]* (NOTE: Registered Agent signature required when reinstating) DATE: 6-8-01

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.   
10. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

**FILE NOW!!! FEE IS \$150.00**  
After MAY 1, 2001 Fee will be \$550.00  
Make Check Payable to Department of State

11. OFFICERS AND DIRECTORS	
TITLE: President <input checked="" type="checkbox"/> Delete	NAME: Robert J. LaRocco
STREET ADDRESS: 1505 SE 40th St. Ste C	CITY-ST-ZIP: Cape Coral, FL 33904
TITLE: Secretary <input checked="" type="checkbox"/> Delete	NAME: Robert J. LaRocco
STREET ADDRESS: 1505 SE 40th St. Ste C	CITY-ST-ZIP: Cape Coral, FL 33904
TITLE: Treasurer <input checked="" type="checkbox"/> Delete	NAME: Robert J. LaRocco
STREET ADDRESS: 1505 SE 40th St. Ste C	CITY-ST-ZIP: Cape Coral, FL 33904
TITLE: Director <input checked="" type="checkbox"/> Delete	NAME: Robert J. LaRocco
STREET ADDRESS: 1505 SE 40th St. Ste C	CITY-ST-ZIP: Cape Coral, FL 33904
TITLE: <input type="checkbox"/> Delete	NAME:
STREET ADDRESS:	CITY-ST-ZIP:
TITLE: <input type="checkbox"/> Delete	NAME:
STREET ADDRESS:	CITY-ST-ZIP:

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: Elke Vergin - EKKenga
STREET ADDRESS: 3508 SW 1 <sup>st</sup> Place	CITY-ST-ZIP: Cape Coral, FL 33914
TITLE: Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: Jakob EKKenga
STREET ADDRESS: 3508 SW 1 <sup>st</sup> Place	CITY-ST-ZIP: Cape Coral, FL 33914
TITLE: <del>Secretary</del> Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: Elke Vergin - EKKenga
STREET ADDRESS: 3508 SW 1 <sup>st</sup> Place	CITY-ST-ZIP: Cape Coral, FL 33914
TITLE: Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: Elke Vergin - EKKenga
STREET ADDRESS: 3508 SW 1 <sup>st</sup> Place	CITY-ST-ZIP: Cape Coral, FL 33914
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: 300004462903--5
STREET ADDRESS: -07/06/01--01097--029	CITY-ST-ZIP: ***300.00 ***300.00
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> 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: *[Signature]* June 8, 2001 (941) 541-0877  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)