

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A31357**

1. Entity Name

ICON CASH FLOW PARTNERS, L.P., SERIES B, LIMITED

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 NOV 14 PM 1:49

Principal Place of Business

**600 MAMARONECK AVENUE
HARRISON NY 10520-1632**

Mailing Address

**600 MAMARONECK AVENUE
HARRISON NY 10520-1635**

2. Principal Place of Business

111 CHURCH STREET

3. Mailing Address

111 CHURCH STREET

Suite, Apt. #, etc.

WHITE PLAINS

Suite, Apt. #, etc.

WHITE PLAINS

City & State

NY

City & State

NY

Zip

10601

Country

U.S.A.

Zip

10601

Country

U.S.A.

4. FEI Number

13-3518939

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY

1201 HAYS STREET

TALLAHASSEE FL 32301-2525

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. Capital Contributions
as Shown on record.

\$602,654.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

DOCUMENT # **P39223**
NAME **ICON CAPITAL CORP.**
STREET ADDRESS **600 MAMARONECK AVE.** *see above*
CITY - ST - ZIP **HARRISON NY 10520-1632**

DOCUMENT #
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CITY - ST - ZIP

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13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

9-13-00

212-418-4708

Date

Daytime Phone #

CR2E003 (9/99)