

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000002217

1. Entity Name

ICON INTERNATIONAL HOLDINGS, INC.

FILED
Mar 31, 2000 8:00 am
Secretary of State

03-31-2000 90067 021 ***150.00

Principal Place of Business

Mailing Address

4800 RIVERSIDE DRIVE
SUITE 200
PALM BEACH GARDENS FL 33410

4800 RIVERSIDE DRIVE
SUITE 200
PALM BEACH GARDENS FL 33410

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0655379

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

WANDT, RONALD
4800 RIVERSIDE DRIVE
SUITE 200
PALM BEACH GARDENS FL 33410

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's signature required when removing)

Date

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so ☐
(See criteria on back)

FEI NUMBER IS \$150.00
After 12 months will be \$550.00
Make Changes to Department of State

10. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	MUSIOL, KARL G	
STREET ADDRESS	THUMENBERGER WEG 2, D-90491	
CITY-ST-ZIP	MURNBERG, GERMANY	
TITLE	V	<input type="checkbox"/> Delete
NAME	ANDRESEN, THOMAS DR	
STREET ADDRESS	THUMENBERGER WEG 2, D-90491	
CITY-ST-ZIP	MURNBERG, GERMANY	
TITLE	CFOT	<input checked="" type="checkbox"/> Delete
NAME	WANDT, RONALD	
STREET ADDRESS	4800 RIVERSIDE DRIVE	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	
TITLE	S	<input type="checkbox"/> Delete
NAME	MUZINGER, UWE	
STREET ADDRESS	4800 RIVERSIDE DRIVE	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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)(b) 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

3/31/00

Date

Digitally signed by