

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G10697

1. Entity Name

ICR, INC.

Principal Place of Business

9549 LAVILL COURT  
6220 S. ORANGE BL. TR. STE 142  
WINDERMER FL 34786  
US

Mailing Address

3315 CHATSWORTH LN  
ORLANDO FL 32812-6117  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2235434

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

REINA, ERASMO  
3315 CHATSWORTH LANE  
ORLANDO FL 32812

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, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution.



\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME REINA, ERASMO  
STREET ADDRESS 3315 CHATSWORTH LANE  
CITY-ST-ZIP ORLANDO FL 32812



TITLE VD  
NAME REINA, JOHN F  
STREET ADDRESS 3315 CHATSWORTH LANE  
CITY-ST-ZIP ORLANDO FL 32812



TITLE TD  
NAME REINA, RICARDO  
STREET ADDRESS 3315 CHATSWORTH LANE  
CITY-ST-ZIP ORLANDO FL 32812



TITLE D  
NAME REINA, JUAN P  
STREET ADDRESS 3315 CHATSWORTH LANE  
CITY-ST-ZIP ORLANDO FL 32812



TITLE D  
NAME REINA, LUIS E  
STREET ADDRESS 3315 CHATSWORTH LANE  
CITY-ST-ZIP ORLANDO FL 32812



TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



TITLE VICE-PRESIDENT  
NAME LUIS E REINA  
STREET ADDRESS 3315 CHATSWORTH LN  
CITY-ST-ZIP ORLANDO FL 32812



TITLE TREASURER  
NAME LUIS E REINA  
STREET ADDRESS 3315 CHATSWORTH LN  
CITY-ST-ZIP ORLANDO FL 32812



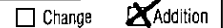
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



TITLE DIRECTOR  
NAME RICARDO REINA  
STREET ADDRESS 3315 CHATSWORTH LN  
CITY-ST-ZIP ORLANDO FL 32812



TITLE DIRECTOR  
NAME JOHN REINA  
STREET ADDRESS 3315 CHATSWORTH LN  
CITY-ST-ZIP ORLANDO FL 32812



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

04-29-2000

Date

Daytime Phone #

CR2E034 (9/99)