

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # G10697**1. Entity Name
ICR, INC.**FILED**
Feb 27, 2001 8:00 am
Secretary of State

02-27-2001 90302 050 ***150.00

Principal Place of Business

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

Mailing Address

**3315 CHATSWORTH LN
ORLANDO FL 32812
US**

2. Principal Place of Business

1277 N. Semoian Blvd.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

101

City & State

ORLANDO FL

City & State

4. FEI Number **59-2235434**

Applied For

Not Applicable

Zip

32807

Country

U.S.

Zip

Country

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, 2001 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
PD	REINA, ERASMO	3315 CHATSWORTH LANE	ORLANDO FL 32812	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VP	REINA, LUIS E	3315 CHATSWORTH LANE	ORLANDO FL 32812	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
T	REINA, LUIS E	3315 CHATSWORTH LANE	ORLANDO FL 32812	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	REINA, JUAN P	3315 CHATSWORTH LANE	ORLANDO FL 32812	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	REINA, RICARDO	3315 CHATSWORTH LANE	ORLANDO FL 32812	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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

DIRECTOR

02-20-2001

Date

Daytime Phone #

CR2E034 (10/00)