

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J88799

1. Entity Name

ICON DESIGN GROUP, INC.

R

FILED

Jul 19, 2000 8:00 am
Secretary of State

07-19-2000 90139 001 ***150.00

07-19-2000 90139 002 *****8.75

Principal Place of Business
960 NW 4th Court
Boca Raton, FL 33432

Mailing Address
960 NW 4th Court
Boca Raton, FL 33432

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

65-0004017

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Alberto Ramudo
960 NW 4th Court
Boca Raton, FL 33432

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
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
Ramudo, Alberto
960 NW 4th Court
Boca Raton, FL 33432

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
Ramudo, Patricia
960 NW 4th Court
Boca Raton, FL 33432

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

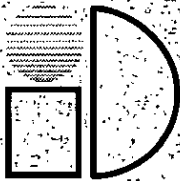
7-10-00

Date

561-393-5818

Daytime Phone #

CR2E034 (9/99)



ICON DESIGN GROUP

ARCHITECTURE ■ ENGINEERS ■ INTERIORS

Doc # J88799
18562

July 10, 2000

Florida Department of State
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: 2000 UBR
Document #J88799

Dear Sir/Madam,

Attached please find our 2000 Uniform Business Report. Please note, that this report was never received at our office for this year, as well as the previous year. Due to this fact, we have had to submit it past the deadline. As per telephone conversations with your representatives, we have submitted the processing fee of \$150.

If you have any questions or comments, please do not hesitate to contact me.

Sincerely,

Patricia F. Ramudo, P.E.