

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2002 8:00 am
Secretary of State

02-25-2002 90103 030 ***150.00

1173757 AV

DOCUMENT # P00000031742

1. Entity Name

ISLAND COMMUNICATION ENTERPRISES, INC.

Principal Place of Business

2000 BANKS ROAD - SUITE 217
MARGATE FL 33063

Mailing Address

2000 BANKS ROAD - SUITE D-1
MARGATE FL 33063

2. Principal Place of Business

2000 Banks Road
 Suite, Apt. #, etc.
217

3. Mailing Address

2000 Banks Rd
 Suite, Apt. #, etc.
217

City & State

Margate

Zip

33063

Country

Broward

City & State

Margate, FL

Zip

33063

Country

Broward

4. FEI Number

65-0997531

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

HOSEIN, SHAHEED

2000 BANKS ROAD - SUITE D-1
MARGATE FL 33063

7. Name and Address of New Registered Agent

Name

Shaheed Hosein

Street Address (P.O. Box Number is Not Acceptable)

2000 Banks Rd Suite 217

City

Margate

FL

Zip Code
33063

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

Shaheed Hosein

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/6/02

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, 2002 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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **HOTAIN, SHANEEL**
 CITY-ST-ZIP **2000 BANKS RD D1**
MARGATE FL 33063

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **NOTO, RICHARD**
 CITY-ST-ZIP **2000 BANKS RD D1**
MARGATE FL 33063

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

TITLE ☐ Change ☐ 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)(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:

Shaheed Hosein

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-14-02

Date

954-979-9438

Daytime Phone #

CR2E034 (9/01)