

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 23, 2002 8:00 am**  
**Secretary of State**

05-23-2002 90088 037 \*\*\*150.00

**DOCUMENT # P01000021431**  
 1. Entity Name  
**ICONO INTERNATIONAL CONSTRUCTION OVERSEAS, INC.**

Principal Place of Business  
**4444 S RIO GRANDE AVE., #716B**  
**ORLANDO FL 32839**

Mailing Address  
**4444 S RIO GRANDE AVE., #716B**  
**ORLANDO FL 32839**



2. Principal Place of Business  
**1005 W. Oakridge Rd**  
 Suite, Apt. #, etc.  
**Suite 1**  
 City & State  
**Orlando Florida**

3. Mailing Address  
**1005 W Oakridge Rd**  
 Suite, Apt. #, etc.  
**Suite 1**  
 City & State  
**Orlando Florida**

DO NOT WRITE IN THIS SPACE

4. FEI Number  
**59-3712456** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**ZULUAGA, CHRISTIAN J**  
**4444 S RIO GRANDE AVE., #716B**  
**ORLANDO FL 32839**

7. Name and Address of New Registered Agent  
 Name  
**Zuluaga Christian J**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1005 W Oakridge Rd**  
**Suite #1**  
 City **Orlando** FL Zip Code **32809**

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 DATE **4/29/02**

Signature of the registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> <b>ZULUAGA, CHRISTIAN J</b> <b>4444 S RIO GRANDE AVE., #716B</b> <b>ORLANDO FL 32839</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> <b>Zuluaga, Christian J.</b> <b>1005 W. Oakridge Rd</b> <b>Orlando, Florida 32809</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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:** **04/29/02**  
Signature of the signing officer or director Date Daytime Phone #

CR2E034 (9/01)