

# 2003 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT# P02000076694**

1. Entity Name

**ICON DEVELOPMENTS, INC.**

FILED

03 DEC 24 AM 8:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
<b>11220 NW 27 COURT PLANTATION, FL 33323</b>	<b>11220 NW 27 COURT PLANTATION, FL 33323</b>

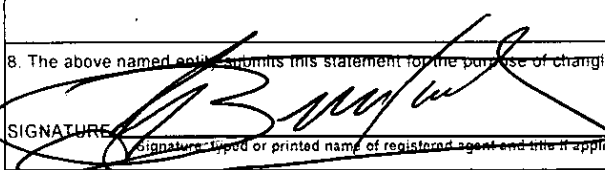
2. Principal Place of Business		3. Mailing Address	
Suite Apt. #, etc.		Suite. Apt. #. etc.	
City & State		City & State	
Zip	Country	Zip	Country

**REINSTATEMENT 03**  
DO NOT WRITE IN THIS SPACE

4. FEI Number <b>43-1967414</b>		Applied For
		Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>TAX HOUSE CORPORATION</b> <b>3929 N FEDERAL HWY</b> <b>POMPAÑO BEACH, FL 33064</b>		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.

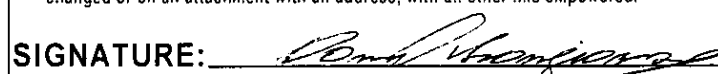
SIGNATURE:  **BRUNO GOMES - PRES.** 12/20/2003

(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) <input type="checkbox"/>	<b>FILE NOW! FEE IS \$150.00</b> <b>After MAY 1, 2003 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS /CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT</b> <b>Daniel Sangiacomo</b> <b>11220 NW 27 COURT</b> <b>PLANTATION, FL 33323</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VICE-PRESIDENT</b> <b>Fortune Santos</b> <b>4180 NE 14 Terrace</b> <b>POMPAÑO BEACH, FL 33064</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>400025755184</b> <b>12/24/03--01037--009</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(1), 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 N changed or on an attachment with an address, with all other like empowered.

SIGNATURE:  12/20/2003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FLORIDA DEPARTMENT OF STATE  
Division of Corporation  
2003 Uniform Business Report (UBR)  
P.O. BOX 6327  
Tallahassee, FL 32314

Re: *Filing of Uniform Business Report 2003*

**P02000076694**

**ICON DEVELOPMENTS, INC.**

To Whom It May Concern:

This letter is to inform you that I have never received a Uniform Business Report form in the mail.

I would like to request you that you forgive all extra fees and penalties other than the primary of \$150.00 and accept the filling of our attached UBR, which has been prepared by our accountant.

Any questions or concern, feel free to contact our accountant at (954) 782-4000 and speak to Mr. Breno Gomes.

Sincerely,



**DANIEL SANGIACOMO - President**  
**ICON DEVELOPMENTS, INC.**  
11220 NW 27 Court  
Plantation, FL 33323