

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2001 8:00 am
Secretary of State

04-07-2001 90028 009 ***158.75

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DOCUMENT # P94000078251

1. Entity Name
ICON INVESTMENTS ENTERPRISES, INC.

Principal Place of Business

**9735 N. W. 27 AVE.
 MIAMI FL 33147
 US**

Mailing Address

**2455 N. W. 99 ST.
 MIAMI FL 33147
 US**

00032642



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **65-0531312**

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

~~OMAIRN, FIGUERON~~ **OMAIRA FIGUEROA**
800 NW 101 ST
MIAMI FL 33150

7. Name and Address of New Registered Agent

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

TITLE **PD** Delete
 NAME ~~OMAIRN, FIGUERON~~ **OMAIRA FIGUEROA**
 STREET ADDRESS **800 NW 101ST**
 CITY-ST-ZIP **MIAMI FL 33150**

TITLE **S** Delete
 NAME **RUIZ, IUZ MARIA**
 STREET ADDRESS **3001 N.W. 101ST**
 CITY-ST-ZIP **MIAMI FL**

TITLE **T** Delete
 NAME **FIGUEROA, OMAIRA**
 STREET ADDRESS **800 N. W. 101 ST.**
 CITY-ST-ZIP **MIAMI FL 33150**

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 **OMAIRA FIGUEROA**
 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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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: Omaira Figueroa
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 20, 2001 ²⁰⁵ 6918670
 Date Daytime Phone #

CR2E034 (10/00)