

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000051562

1. Entity Name

ICANECT, INC.

**FILED**  
**May 30, 2000 8:00 am**  
**Secretary of State**

05-30-2000 90007 005 \*\*\*150.00

Principal Place of Business

Mailing Address

1020 NW 163RD DR  
SUITE 1050  
N. MIAMI FL 33169  
US

1020 NW 163 RD DR  
SUITE 1050  
NO. MIAMI FL 33169-5818  
US

2. Principal Place of Business

5400 S. University Dr.

3. Mailing Address

5400 S. University Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

504

504

City & State

Davie FL

City & State

Davie FL

Zip

33328

Country

USA

Zip

33328

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0570711

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CAHAN, RICHARD A J.  
C/O BECKER, & POLIAKOFF, P.A.  
5201 BLUE LAGOON DRIVE, STE. 100  
MIAMI FL 33126

7. Name and Address of New Registered Agent

Name

Joan Neptune

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

3120 Hidden Hollow Lane

City

Davie

FL

Zip Code

33328

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

Joan Neptune, Executive Vice President

5/10/00

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

TITLE D ☐ Delete  
NAME HURWITZ, ELMER  
STREET ADDRESS 1020 N.W. 163RD DRIVE  
CITY-ST-ZIP NORTH MIAMI FL 33169

TITLE D ☐ Delete  
NAME HURWITZ, ROBERT  
STREET ADDRESS 1020 N.W. 163RD DRIVE  
CITY-ST-ZIP NORTH MIAMI FL 33169

TITLE D ☐ Delete  
NAME NEPTUNE, JOAN  
STREET ADDRESS 1020 N.W. 163RD DRIVE  
CITY-ST-ZIP NORTH MIAMI FL 33169

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:

Joan Neptune for ICA

5/10/00 954-434-8333

Date

Daytime Phone #

Joan Neptune

CR2E034 (9/99)