

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90040 022 ***150.00

DOCUMENT # P95000051562

1. Entity Name
ICANECT, INC.

Principal Place of Business

**5400 S UNIVERSITY DR
 504
 FORT LAUDERDALE FL 33328
 US**

Mailing Address

**5400 S UNIVERSITY DR
 504
 FORT LAUDERDALE FL 33328
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

20938 NE 37th Ave

3. Mailing Address

20938 NE 37th Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Aventura FL

City & State

Aventura FL

4. FEI Number **65-0570711**

Applied For
 Not Applicable

Zip

33180

Country

USA

Zip

33180

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**NEPTUNE, JOAN
 3120 HIDDEN HOLLOW LN
 FORT LAUDERDALE FL 33328**

7. Name and Address of New Registered Agent

Name **ROBERT HURWITZ**
 Street Address (P.O. Box Number is Not Acceptable)

20938 NE 37 Ave

City **Aventura**

FL

Zip Code **33180**

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, 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 **D** ☒ Delete
 NAME **HURWITZ, ELMER**
 STREET ADDRESS **5400 S UNIVERSITY DR STE 504**
 CITY-ST-ZIP **DAVIE FL 33328**

TITLE **D** ☐ Delete
 NAME **HURWITZ, ROBERT**
 STREET ADDRESS **5400 S UNIVERSITY DR STE 504**
 CITY-ST-ZIP **DAVIE FL 33328**

TITLE **D** ☒ Delete
 NAME **NEPTUNE, JOAN**
 STREET ADDRESS **5400 S UNIVERSITY DR STE 504**
 CITY-ST-ZIP **DAVIE FL 33328**

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 **20938 NE 37th Ave**

TITLE ☐ Change ☐ Addition
 NAME **Aventura FL 33180**
 STREET ADDRESS **2269 S University Dr #311**
 CITY-ST-ZIP **DAVIE, FL 33324**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/02
 Date

305-933-9300
 Daytime Phone #

CR2E034 (9/01)