

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2003 8:00 am
Secretary of State

03-19-2003 90098 031 ***150.00

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DOCUMENT # P96000060056



1. Entity Name
ICONS AT LAST, INC.

Principal Place of Business
**10482 S.W. 72 STREET
MIAMI FL 33173**

Mailing Address
~~PO BOX 832437~~
~~MIAMI FL 33288~~
~~US~~



2. Principal Place of Business

3. Mailing Address
10482 SW 72 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

City & State
MIAMI, FL

4. FEI Number **65-0682498**

Applied For
Not Applicable

Zip

Country

Zip
33173

Country
US

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

YAEGER, MARK
11920 N. KENDALL DR. #106
MIAMI FL 33176

S/B 11420 N. Kendall

Name
Street Address (P.O. Box Number is Not Acceptable)
11420 N. KENDALL DR, #106
City **MIAMI** FL Zip Code **33176**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Mark Yaeger*
Signature, typed or printed name of registered agent and (if applicable).

MARK YAEGER
(NOTE: Registered Agent signature required when reinstating)

3/15/03
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	YAEGER, MARK	
STREET ADDRESS	11420 N. KENDALL DR. SUITE 106	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	YAEGER, BARBARA	
STREET ADDRESS	11420 N. KENDALL DR. SUITE 106	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE		<input type="checkbox"/> Delete
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Barbara Yaeger* (VICE PRESIDENT) **2-17-03** **305-251-8285**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)