

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

1205709  
AV

03-19-2003 90098 031 \*\*\*150.00

**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* **MARK YAEGER** 3/15/03  
Signature, typed or printed name of registered agent and (if applicable). (NOTE: Registered Agent signature required when reinstating) 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		<input type="checkbox"/> Delete
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>YAEGER, MARK</b>	
STREET ADDRESS	<b>11420 N. KENDALL DR. SUITE 106</b>	
CITY-ST-ZIP	<b>MIAMI FL 33176</b>	
TITLE	<b>VSD</b>	<input type="checkbox"/> Delete
NAME	<b>YAEGER, BARBARA</b>	
STREET ADDRESS	<b>11420 N. KENDALL DR. SUITE 106</b>	
CITY-ST-ZIP	<b>MIAMI FL 33176</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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* **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)