

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2002 8:00 am**  
**Secretary of State**

05-15-2002 90043 045 \*\*\*150.00

**DOCUMENT # P97000004836**

1. Entity Name  
**ICON GENERAL, INC.**

Principal Place of Business  
**11982 S.W. 15TH STREET**  
**PEMBROKE PINES FL 33025**

Mailing Address  
**11982 S.W. 15TH STREET**  
**PEMBROKE PINES FL 33025**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**9416 SW 52ND PLACE**

3. Mailing Address  
**9416 SW 52ND PLACE**

Suite, Apt. #, etc.  
**COOPER CITY, FL**

Suite, Apt. #, etc.  
**COOPER CITY, FL**

City & State  
**33328**

City & State  
**33328**

Zip Country

Zip Country

4. FEI Number **65-0723673**

Applied For  
 Not Applicable

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

## 6. Name and Address of Current Registered Agent

**BAKER, REID S**  
**3990 SHERIDAN STREET**  
**SUITE 104**  
**HOLLYWOOD FL 33021**

## 7. Name and Address of New Registered Agent

Name **JOEL BONISKE**  
 Street Address (P.O. Box Number is Not Acceptable)  
**20191 NE 16 PL**  
 City **MIAMI** FL Zip Code **33179**

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

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete  
 NAME **RUIZ, RUBEN**  
 STREET ADDRESS **11982 S.W. 15TH STREET**  
 CITY-ST-ZIP **PEMBROKE PINES FL 33025**

TITLE **PD** ☒ Change ☐ Addition  
 NAME **RUIZ, RUBEN**  
 STREET ADDRESS **9416 SW 52ND PLACE**  
 CITY-ST-ZIP **COOPER CITY, FL 33328**

TITLE **VD** ☐ Delete  
 NAME **RUIZ, JOSE**  
 STREET ADDRESS **11982 S.W. 15TH STREET**  
 CITY-ST-ZIP **PEMBROKE PINES FL 33025**

TITLE **VD** ☒ Change ☐ Addition  
 NAME **RUIZ, JOSE**  
 STREET ADDRESS **9416 SW 52ND PLACE**  
 CITY-ST-ZIP **COOPER CITY, FL 33328**

TITLE **STD** ☐ Delete  
 NAME **RUIZ, FELIX**  
 STREET ADDRESS **11982 S.W. 15TH STREET**  
 CITY-ST-ZIP **PEMBROKE PINES FL 33025**

TITLE **STD** ☒ Change ☐ Addition  
 NAME **RUIZ, FELIX**  
 STREET ADDRESS **9416 SW 52ND PLACE**  
 CITY-ST-ZIP **COOPER CITY, FL 33328**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Delete  
 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

**3/21/02 954.252-7537**

Date

Daytime Phone #

CR2E034 (9/01)