2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2002 8:00 am
Secretary of State
03-07-2002 90010 004 ***155.00

DOCUMENT # P97000092169

1. Entity Name
ICON PROJECT DEVELOPMENT, INC.

Principal Place of Business	Mailing Address
501 BRICKELL KEY DR., SUITE 500 MIAMI FL 33131	501 BRICKELL KEY DR., SUITE 500 MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
601 BRICKELL KEY DRIVE	921 OSCEOLA DR. #6
Suite, Apt. #, etc. 703	Suite, Apt. #, etc. #6
City & State MIAMI FLORIDA	City & State BOCA RATON, FLORIDA
Zip FL 33131 Country USA	Zip 33432 Country USA

4. FEI Number 65-0795306 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

NETTIG, CLAUDIA K
501 BRICKELL KEY DRIVE
500
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name NETTIG CLAUDIA K
Street Address (P.O. Box Number is Not Acceptable)
921 OSCEOLA DRIVE #6
City BOCA RATON FL Zip Code 33432

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]
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	PS ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	DEISER, ALEXANDER N	NAME	
STREET ADDRESS	~~801~~ BRICKELL AVENUE ~~#952~~ 601	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33131	CITY-ST-ZIP	
TITLE	VPT ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	NETTIG, CLAUDIA K	NAME	
STREET ADDRESS	~~801~~ BRICKELL AVENUE ~~#952~~ 601	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33131	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (9/01)

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] 2/10/02 954-648-1047
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #