

4/25/2001 9:07 AM

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91285 021 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000065170

1. Entity Name

ICU ENTERPRISES CORP.

Principal Place of Business Mailing Address

17038 COLLINS AVENUE
 NORTH MIAMI BEACH, FL
 33160

A0067631

2. Principal Place of Business

321 N. UNIVERSITY DR.

3. Mailing Address

Suite, Apt. #, etc.

F3A

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

PLANTATION, FL

City & State

4. FEI Number

65-0852942

Applied For

Not Applicable

Zip

33324

Country

USA

Zip

Country

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

6. Name and Address of Current Registered Agent

REVESZ, LADISLAO
 17038 COLLINS AVENUE
 N. MIAMI BEACH, FL 33160

7. Name and Address of New Registered Agent

Name
REVESZ, LADISLAOStreet Address (P.O. Box Number is Not Acceptable)
231 N. UNIVERSITY DR. # F3ACity
PLANTATION

FL

Zip Code
33324

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

Joann Revesz

JO-ANN Revesz

04.25.01

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, 2001 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 PD ☐ Delete
 NAME REVESZ, LADISLAO
 STREET ADDRESS 17038 COLLINS AVENUE
 CITY - ST - ZIP N. MIAMI BEACH, FL 33160

TITLE VP ☐ Delete
 NAME STEIN, JOANN
 STREET ADDRESS 17038 COLLINS AVENUE
 CITY - ST - ZIP N. MIAMI BEACH, FL 33160

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

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 PD ☒ Change ☐ Addition
 NAME REVESZ, LADISLAO
 STREET ADDRESS 231 N. UNIVERSITY DR. # F3A
 CITY - ST - ZIP PLANTATION, FL 33324

TITLE VP ☒ Change ☐ Addition
 NAME STEIN, JOANN
 STREET ADDRESS 231 N. UNIVERSITY DR. # F3A
 CITY - ST - ZIP PLANTATION, 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)(f), 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:

Joann Revesz
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #