

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000069614

1. Entity Name

I & C PROPERTY MANAGEMENT, INC.

**FILED**  
**May 19, 2000 8:00 am**  
**Secretary of State**

05-19-2000 90082 004 \*\*\*150.00

Principal Place of Business

Mailing Address

~~2331 N. STATE ROAD 7 SUITE 124~~  
~~LAUDERHILL FL 33313~~

~~2331 N. STATE ROAD 7 SUITE 124~~  
~~LAUDERHILL FL 33313-3771~~

2. Principal Place of Business

3. Mailing Address

2800 W. OAKLAND PK BLVD

2800 W. OAKLAND PK BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

209

209

OAKLAND PARK, FL

OAKLAND PARK, FL

Zip 33311

Country

Zip 33311

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0855302

Applied For

Not Applicable

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

MOGBO, CHUCK

2331 N. STATE ROAD 7 SUITE 124  
LAUDERHILL FL 33313

Name

Street Address (P.O. Box Number is Not Acceptable)

2800 W. OAKLAND PK BLVD, SUITE 209

City OAKLAND PARK

FL

Zip 33311

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, 2000 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 NAME ☐ Delete  
P. IKOYE, INNOCENT  
STREET ADDRESS 4224 BEAR CREEK COURT  
CITY-ST-ZIP NAPERVILLE IL 60564

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

TITLE NAME ☐ Delete  
ST MOGBO, CHUCK  
STREET ADDRESS 10322 BOCA SPRINGS DRIVE  
CITY-ST-ZIP BOCA RATON FL 33428

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
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

4/24/00

Date

Daytime Phone #

CR2E034 (9/99)