

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000037552 ✓

1. Entity Name

ICC ENTERPRISES, INC.

**FILED**  
**Jun 03, 2000 8:00 am**  
**Secretary of State**

06-03-2000 90002 026 \*\*\*150.00

Principal Place of Business 4224 SOUTHWEST 49TH STREET FT. LAUDERDALE FL 33314	Mailing Address 4224 SOUTHWEST 49TH STREET FT. LAUDERDALE FL 33314-5610
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 59-3578078	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  BOMBALIER, CHARLES V 4224 SOUTHWEST 49TH STREET FT. LAUDERDALE FL 33314	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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 \_\_\_\_\_ (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	
TITLE	D <input type="checkbox"/> Delete
NAME	BOMBALIER, CHARLES V
STREET ADDRESS	4224 SOUTHWEST 49TH STREET
CITY-ST-ZIP	FT. LAUDERDALE FL 33314
TITLE	D <input type="checkbox"/> Delete
NAME	BERMONT, JOHN
STREET ADDRESS	4224 SOUTHWEST 49TH STREET
CITY-ST-ZIP	FT. LAUDERDALE FL 33314
TITLE	D <input type="checkbox"/> Delete
NAME	BERMONT, MARLENE
STREET ADDRESS	4224 SOUTHWEST 49TH STREET
CITY-ST-ZIP	FT. LAUDERDALE FL 33314
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: Charles V. Bombalier Charles V. BOMBALIER 4-26-00 (954) 525-6570  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Calling Phone #