

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2003 8:00 am
Secretary of State

02-07-2003 90079 045 ***150.00

DOCUMENT # P99000062815

1. Entity Name
ICART ENTERPRISES, INC.



Principal Place of Business
1601 N PALM AVENUE
~~3102~~
HOLLYWOOD FL 33026

Mailing Address
1601 N PALM AVENUE
~~3102~~
HOLLYWOOD FL 33026



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

310C

Suite, Apt. #, etc.

310C

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0933580

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

EISENBERG, DONALD L

1601 N PALM AVE STE 3102
HOLLYWOOD FL 33026

Name

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

310C

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Donald L. Eisenberg

(NOTE: Registered Agent signature required when reinstating)

DATE

1/23/03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ~~PD~~
NAME LOESBERG, MARK ☐ Delete
STREET ADDRESS 7803 ORCHARD GATE CT
CITY-ST-ZIP BETHESDA MD 20817

TITLE ~~SD~~
NAME ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE SD
NAME ZARITSKY, HAL G ☐ Delete
STREET ADDRESS 15131 MCKNEWRD
CITY-ST-ZIP BURTONSVILLE MD 20866

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

TITLE TD
NAME PIORKO, GABIEL K ☐ Delete
STREET ADDRESS 2 JENNIFER LANE
CITY-ST-ZIP CHURCHVILLE PA 18966

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

TITLE ~~AT/D~~
NAME ~~DONALD L. EISENBERG~~ ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE AT/D
NAME DONALD L. EISENBERG ☐ Change ☒ Addition
STREET ADDRESS 1601 N PALM AVE 310C
CITY-ST-ZIP PETEBRAKE PINE, FL 33026

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

12. 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 10 or Block 11 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

DONALD L. EISENBERG 1/23/03 (954) 322 2300

Date

Daytime Phone #

CR2E034 (10/02)