

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000109609

1. Entity Name
I C BUSINESS CENTERS, INC.

FILED

00 DEC 29 PM 3:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
SUITE 270, PENINSULA EXECUTIVE CENTER
2385 EXECUTIVE CENTER DRIVE
BOCA RATON FL 33431

Mailing Address
SUITE 270, PENINSULA EXECUTIVE CENTER
2385 EXECUTIVE CENTER DRIVE
BOCA RATON FL 33431



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2500 Quantum LAKES
Suite, Apt. #, etc.
BOYNTON BEACH, FLA DR.
City & State 33426

3. Mailing Address
2500 Quantum LAKES DR.
Suite, Apt. #, etc.
BOYNTON BEACH, FLA
City & State 33426

4. FEI Number 65-1004524
Applied For
Not Applicable

Zip Country USA
PACIFIC BEACH

Zip Country USA

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

6. Name and Address of Current Registered Agent
KANOUSE, KEITH J ESQ.
SUITE 270, PENINSULA EXECUTIVE CENTER
2385 EXECUTIVE CENTER DRIVE
BOCA RATON FL 33431

7. Name and Address of New Registered Agent
Name SAME
Street Address (P.O. Box Number is Not Acceptable)
6879 GIRAZOLA CIR
City Boca Raton FL Zip Code 33433

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] DATE 12/27/00
(NOTE: Registered Agent signature required when reinstating)

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	D FOSTOFF, CLIFF SUITE 270, PENINSULA EXECUTIVE CENTER BOCA RATON FL 33431 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOSTOFF, ILENE SUITE 270, PENINSULA EXECUTIVE CENTER BOCA RATON FL 33431 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Fostoff, Cliff I C Business Centers 2500 Quantum LAKES DR. Boynton Beach 33426 FLA. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Y Fostoff, Ilene I C Business Centers 2500 Quantum LAKES DR. BOYNTON BEACH, FLA 33426 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	100003532591--8 -01/11/01--01041--001 ****750.00 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT <u>00118</u> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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] DATE 12/27/00 561-218 9861
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (5/00)