2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000110679

FILED
Feb 17, 2000 8:00 am
Secretary of State
02-17-2000 90006 037 ***150.00

1. Entity Name

ICON PROPERTY MANAGEMENT, INC.

Principal Place of Business	Mailing Address
3967 CARAMBOLA CIRCLE N COCONUT CREEK FL 33066	3967 CARAMBOLA CIRCLE N COCONUT CREEK FL 33066

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
BAY APARTMENTS	
Suite, Apt. #, etc. 300 NE 4TH ST	Suite, Apt. #, etc.
City & State POMPANO BEACH FL	City & State
Zip 33060 Country USA	Zip Country

4. FEI Number ☑ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

VAANDERING, EDWARD E
3967 CARAMBOLA CIRCLE N
COCONUT CREEK FL 33066

7. Name and Address of New Registered Agent

Name VAANDERING, EDWARD E.
Street Address (P.O. Box Number is Not Acceptable) 3967 CARAMBOLA CIRCLE N.
COCONUT CK FL **FL** Zip Code 33066-2450

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 E Vaandering
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	D	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	VAANDERING, EDWARD E		NAME	
STREET ADDRESS	3967 CARAMBOLA CIRCLE N		STREET ADDRESS	
CITY-ST-ZIP	COCONUT CREEK FL 33066		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
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CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

CR2E034 (9/99)

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: E Vaandering EDWARD VAANDERING 02-07-00 954 979-1587
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #