

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90114 002 ***150.00

DOCUMENT # V15503 ✓

1. Entity Name

INVESTOR COUNSELING GROUP, INC

040003

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

601 BRICKELL KEY DR.

3. Mailing Address

601 BRICKELL KEY DRIVE

Suite, Apt. #, etc.

SUITE 505

Suite, Apt. #, etc.

SUITE 505

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

4. FEI Number

65-0315829

Applied For

Not Applicable

Zip

33131

Country

U.S.

Zip

33131

Country

U.S.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

LAWRENCE SAICHEK, ESQ

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

601 BRICKELL KEY DRIVE

SUITE 505

City

MIAMI

FL

Zip Code

33131

**DO NOT WRITE
IN THIS SPACE**

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) ☒

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 PRESIDENT
NAME THOMAS A. DUJANOVIC
STREET ADDRESS 601 BRICKELL KEY DR. SUITE 505
CITY-ST-ZIP MIAMI, FLORIDA 33131

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SECRETARY
NAME LAWRENCE SAICHEK, ESQ
STREET ADDRESS 601 BRICKELL KEY DR. SUITE 505
CITY-ST-ZIP MIAMI, FLORIDA 33131

TITLE
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

THOMAS A. DUJANOVIC, President

4-12-02 305-577-3902

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)